


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90158 020 \*\*\*150.00

**DOCUMENT # P03000017083**

1. Entity Name  
**G & I BEAUTY SALON, INC.**



Principal Place of Business  
**406 NORTH FEDERAL HIGHWAY  
 BOYNTON BEACH, FL 33435**

Mailing Address  
**406 NORTH FEDERAL HIGHWAY  
 BOYNTON BEACH, FL 33435**

2. Principal Place of Business  
**808 EAscoast Ave.**

3. Mailing Address  
**808 Eastcoast Ave.**

Suite, Apt. #, etc.

City & State  
**Lantana, Fl**

City & State  
**Lantana, Fl**

Zip Country  
**33462 USA**

Zip Country  
**33462 USA**

03162006 Chg-P CR2E034 (11/05)

4. FEI Number  
**57-1152759**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HAYDEN, LAVERN  
 406 N. FEDERAL HWY  
 BOYNTON BEACH, FL 33435**

7. Name and Address of New Registered Agent

Name  
**Lavern Hayden**

Street Address (P.O. Box Number is Not Acceptable)  
**808 Eastcoast Ave.**

City  
**Lantana**

FL Zip Code  
**33462**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *L Hayden* (NOTE: Registered Agent signature required when reinstating)

DATE *4-26-06*

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HAYDEN, LAVERN 406 NORTH FEDERAL HIGHWAY BOYNTON BEACH, FL 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Hayden, Lavern 808 Eastcoast Ave. Lantana, Fl 33462 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other lists empowered.

SIGNATURE: *L Hayden* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: *4-26-06* DATE

DAYTIME PHONE #