

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000034282

FILED
Jun 12, 2006
Secretary of State

Entity Name: HOLLYWOOD SECRETS SALON & SPA, INC.

Current Principal Place of Business:

601 DEL PRADO BLVD
CAPE CORAL, FL 33990

New Principal Place of Business:

601 N. DEL PRADO BLVD
7
CAPE CORAL, FL 33909

Current Mailing Address:

601 DEL PRADO BLVD
CAPE CORAL, FL 33990

New Mailing Address:

601 N. DEL PRADO BLVD
#7
CAPE CORAL, FL 33909

FEI Number: 02-0702265

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PLAZEWSKI, ELISHA L
2226 SW 19TH AVE
CAPE CORAL, FL 33991 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ELISHA PLAZEWSKI

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PLAZEWSKI, ELISHA L
Address: 2226 SW 19TH AVE
City-St-Zip: CAPE CORAL, FL 33991 US

Title: VP (X) Delete
Name: CHAMBERS, PARNELLI L
Address: 819 S.W. 3RD AVE.
City-St-Zip: CAPE CORAL, FL 33991 US

Title: S (X) Delete
Name: PLAZEWSKI, ELISHA L
Address: 1761 FOUR MILE COVE PKWY. APT. 534
City-St-Zip: CAPE CORAL, FL 33990 US

Title: T (X) Delete
Name: PLAZEWSKI, ELISHA L
Address: 1761 FOUR MILE COVE PKWY. APT 534
City-St-Zip: CAPE CORAL, FL 33990 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELISHA PLAZEWSKI

Electronic Signature of Signing Officer or Director

PRES

06/12/2006

Date