## **FILED** May 02, 2005 8:00 am Secretary of State 05-02-2005 90424 048 \*\*\*150.00

## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000076754  1. Entity Name VAS SALON CORPORATION					្មុប្ប				
Principal Place of Business M		Mailing Address	Aailing Address		1				
7025 CR 46A			172 TRIPLET LAKE DRIVE						
1031	EL 22746	CASSELBERRY, FL 3270	CASSELBERRY, FL 32707						
LAKE MARY,	FL 32/40					MANA MANAMINA MANAMINA			
2. Principal P	face of Business	3. Mailing Address	. Mailing Address						
Suite, Apl. #, etc.		Suite, Apt. #, etc.			04282005	Chg-P	CR2E(	334 (10/03)	
City & State		City & State	City & State		4. FEI Numbe 75-3126				oplied For
Zip Country		Zip	Zip Country			of Status Desired		\$8.75 Ac	illional
								Fee Require	<u>d</u>
<del> </del>	6. Name and Address of Curren	t Registered Agent	<del>-  </del> ,	Name	7. Name and	Address of New I	reguterno	Agent	
MURPHY, SHARON K PRES									
	ET LAKE DRIVE		Street Addres		P.O. Box Numbe	r is Not Acceptabl	le)		
CASSELB	ERRY, FL 32707								
}			7	City			FL	Zip Cod	0
5. The above	named entity submits this statement	for the purpose of changing its r	registered	office or register	red agent, or bot	h, in the State of F	lorida. 1 sum	familiar with	and accept
the obligat	tions of registered agent.								
SIGNATURE.	Signature Appet or content rests (3 Tegeslaved Sign	Translatia II applicable (NOTE:	: Regulated Ag	geni signatura requirac	d when reinstaling)	<del></del>	DATE		<del></del> ,
							<del></del>		
FIL After M	E NOW!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Campaig Trust Fund Contri		ng \$5. □ Add	.00 May Be ted to Fees				
10.	OFFICERS AN	DOIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AN	DIRECTOR	S IN 11
TITLE	D CHARON C	Deiete	TITLE					Change	Addition
NAME STREET ADDRESS	MURPHY, SHARON K		NAME STREET A	ADDRESS					
CITY-ST-ZIP	CASSELBERRY, FL 32707		CITY-ST	l.					
TITLE	D	☐ Delete	TITLE					Change	Addition
NAME	MURPHY, VINCENT		NAME						
STREET ADDRESS CITY-ST-ZIP	172 TRIPLET LAKE DRIVE CASSELBERRY, FL 32707		STREET A	ADDRESS					
TITLE	CASSEEDERKY, PC 32107	☐ Delete	TITLE	1-21				☐ Change	Addition
NAME			NAME				•		<u></u>
STREET ADORESS				address					
CITY-ST-ZIP	<del> </del>	<u>-</u>	CITY-ST	- ZIP					
TITLE		☐ Delete	TITLE Name					Change	☐ Addition
STREET ADDRESS				ADDRESS		•			
CITY-ST-ZIP			CITY-ST	r-21P					
TITLE		☐ Delete	TITLE					Change	Addition
STREET ADDRESS	i.		NAME	- modron			. `		
CITY-ST-ZIP			CITY-ST	ADDRESS 1-71P					
TITLE		Ocide	IME	· ·				Change	Addition
NAME			NAME						
STREET ADDRESS				AODRESS			•		
CITY-ST-ZIP	and the the internal of the country of the	let at the Citizen at the city	CITY-ST			N. El. 11 St.		-414 . 14 · 14	
indicated	cartify that the information supplied wi for this report or supplemental report rporation or the receiver or trustee em	in this liling does not qualify for his true and accurate and that m	ne exemp ny signatur	poon stated in Se re shall have the	ection 119.07(3)( same legal effec	ij, Horida Slatutes It as if made under	oath; that I	am an office	ntormation r or director
changed	rporation or the receiver or trustee em I, or on an attachment with an address	with all other like empowered.	as required	o by Chapter 60.	r, Flonda Statute I	rs; and that my han	ne appears	. /	A SHOCK III
CIONIA-	nupe. / /				ナナン	8/K	415	1-41n9	4104
SIGNATURE: SYMMATURE AND PYFED OR PRINTED NAME OF BIOMING DAYS OR DIRECTOR					1 650	Date	101	Daytime Phone 6	77-1
L									