

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90226 035 ***150.00

DOCUMENT # P03000123410

1. Entity Name

TROPICAL BEAUTY SALON, INC.



Principal Place of Business

3120 CARIBB WAY
LANTANA FL 33462

Mailing Address

3120 CARIBB WAY
LANTANA FL 33462

14008116



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

Tropical Beauty Salon

3. Mailing Address

same

Suite, Apt. #, etc.

7445 S. Military trail

Suite, Apt. #, etc.

City & State

Lake Worth

City & State

Zip
Florida

Country

Palm Beach

Zip

33463

Country

4. FEI Number

20-0889020

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALAZAR, MARIA D
3120 CARIBB WAY
LANTANA FL 33462

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME SALAZAR, MARIA D
STREET ADDRESS 3120 CARIBB WAY
CITY-ST-ZIP LANTANA FL 33462

TITLE VP ☐ Delete
NAME RIVERA, DENISSE M
STREET ADDRESS 8371 ELAINE DR
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 like empowered.

SIGNATURE:

Marisa D Salazar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/05 (561) 301-5683
868-0250
Date Daytime Phone #