

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90300 037 ***150.00

DOCUMENT # P03000142631

1. Entity Name
MY SALON, INC.



Principal Place of Business
221 OLD DIXIE HWY
#2
TEQUESTA, FL 33469 US

Mailing Address
221 OLD DIXIE HWY.
#2
TEQUESTA, FL 33469 US



04102006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
20-0443078

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, BROOKE
8452 SE CROFT CIRCLE
G-8
HOBE SOUND, FL 33455

7. Name and Address of New Registered Agent

Name
BROOKE A. VAZQUEZ
Street Address (P.O. Box Number is Not Acceptable)
17798 30th LANE N.
~~KAY HATCHER~~
City
LOXAHATCHEE FL Zip Code
33470

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

Brooke A. Vazquez

4/9/06

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, 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
P
TAYLOR, BROOKE
8452 SE CROFT CIRCLE, G-8
HOBE SOUND, FL 33455 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
VAZQUEZ, BROOKE A.
17798 30th LANE N.
LOXAHATCHEE, FL 33470 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
TAYLOR, BROOKE
8452 SE CROFT CIRCLE, G-8
HOBE SOUND, FL 33455 ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP
ST
VAZQUEZ, BROOKE A.
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☐ Change ☐ 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 like empowered.

SIGNATURE:

Brooke A. Vazquez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/06

Date

772-349-0379

Daytime Phone #