2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000036894

Entity Name: LA COUPE SALON & SPA, INC.

FILED Apr 25, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1295 EAST HALLANDALE BEACH BLVD. 138 NE 1ST AVENUE SUITE #2 HALLANDALE, FL 33009

HALLANDALE, FL 33009

New Mailing Address: Current Mailing Address:

1295 EAST HALLANDALE BEACH BLVD. 138 NE 1ST AVENUE SUITE #2 HALLANDALE, FL 33009

HALLANDALE, FL 33009

FEI Number: 20-0784922 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MENASCHE, REVITAL MENASCHE, REVITAL 138 NE 1ST AVENUE 1295 EAST HALLANDALE BEACH BLVD. HALLANDALE, FL 33009 US

SUITE #2 HALLANDALE, FL 33009 US

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: REVITAL MENASCHE 04/25/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

MARIGAN, LILLIAN MARIGAN, LILLIAN Name: Name: 1295 E. HALLANDALE BEACH BLVD., SUITE #2 138 NE 1ST AVENUE Address: Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: HALLANDALE, FL 33009

Title: **VDST** () Delete Title: **VDST** (X) Change () Addition

Name: MENASCHE, REVITAL Name: MENASCHE, REVITAL 1295 E. HALLANDALE BEACH BLVD., SUITE #2 138 NE 1ST AVENUE Address: Address: HALLANDALE, FL 33009 HALLANDALE, FL 33009 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LILLIAN MARIGAN DP 04/25/2007