

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000061777

1. Entity Name
SUNSHINE BEAUTY SALON, INC.



Principal Place of Business
995 STATE ROAD 84
FT. LAUDERDALE, FL 33315

Mailing Address
995 STATE ROAD 84
FT. LAUDERDALE, FL 33315



01082008 No Chg-P OF2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1050180
Applied For
Not Applicable
5. Certificate of Status Checked ☒ \$8.76 Additional
Fee Required

6. Name and Address of Current Registered Agent

PHAN, ANH T
995 STATE ROAD 84
FT. LAUDERDALE, FL 33315

**DO NOT WRITE
IN THIS SPACE**

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)

(Signature, typed or printed name of registered agent and this 8 Applicant.)

(NOT THE REGISTERED AGENT SIGNATURE REQUIRED WHEN FILING-0001)

(Signature) Jan 21, 2006
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000401759
02/02/06-80060-005 158.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
PHAN, ANH T
995 STATE ROAD 84
FT. LAUDERDALE, FL 33315

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 included 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 or without the empowered.

SIGNATURE:

(Signature)

SIGNATURE AND TYPED OR PRINTED NAME OF SECOND OFFICER OR DIRECTOR

(Signature) Jan 21, 06

1508

Chapter 607, Florida Statutes