

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90013 011 ***150.00

DOCUMENT # P04000081207 1. Entity Name SENSATION BEAUTY SALON II, INC.					
Principal Place of Business 2189 W. 60TH ST., SUITE 104 HIALEAH, FL 33016			Mailing Address 2189 W. 60TH ST., SUITE 104 HIALEAH, FL 33016		
2. Principal Place of Business 1800 W 68 ST Suite, Apt. #, etc. 129		3. Mailing Address 1800 W 68 ST Suite, Apt. #, etc. 129			
City & State HIALEAH, FL		City & State HIALEAH, FL		4. FEI Number 11-3721036	
Zip 33014		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VASALLO, LEONARDO 2189 W. 60TH ST., SUITE 104 HIALEAH, FL 33016			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1800 W 68 ST # 129 City HIALEAH FL Zip Code 33014		
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: LEONARDO VASALLO 3-13-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PVST VASALLO, LEONARDO 2189 W. 60TH ST., SUITE 104 HIALEAH, FL 33016 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1800 W 68 ST # 129 HIALEAH, FL 33014	
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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: LEONARDO VASALLO PRESIDENT 3-13-06 736-797-1378 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>					