2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000100837

1. Entity Name
SALON VOGUE OF BOCA, INC.

Principal Place of Business	Mailing Address
11395C PALMETTO PARK RD W BOCA RATON, FL 33428	11395C PALMETTO PARK RD W BOCA RATON, FL 33428

DO NOT WRITE IN THIS SPACE

01172006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-1331596	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALI, SCHAH WALLI
11395C PALMETTO PARK RD W
BOCA RATON, FL 33428

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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 $~~~~~~~
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

TITLE	DP
NAME	KAWKAB-ALI, LAILA
STREET ADDRESS	9633 VINEYARD CT
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	DST
NAME	WALLI-ALI, SCHAH
STREET ADDRESS	9633 VINEYARD CT
CITY-ST-ZIP	BOCA RATON, FL 33428
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	

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04/17/05 80012-007 150.00

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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: _____ WALLI ALI   3/29/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Daytime Phone #