

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-13-2006 90291 029 ***150.00

DOCUMENT # P04000125030

1. Entity Name

ASTA LA VISTA HAIR SALON, INC.



Principal Place of Business

113 HUGHES STREET NE
FORT WALTON BEACH FL 32547

Mailing Address

113 HUGHES STREET NE
FORT WALTON BEACH FL 32547

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

20-1556679

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THORBJORNSSON, SIGURDUR
43 MARY ESTHER DR
FORT WALTON BEACH FL 32547

Name *Thorbjornsson Sigurdur*

Street Address (P.O. Box Number is Not Acceptable)

43 Mary Esther Dr

City

Mary Esther

FL

Zip Code

32569

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

04.01.06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME PRES
STREET ADDRESS THORBJORNSSON, SIGURDUR
CITY-ST-ZIP 43 MARY ESTHER DRIVE
FORT WALTON BEACH FL 32547

TITLE ☐ Delete
NAME VP
STREET ADDRESS THORBJORNSSON, SIGURDARDOTTIR
CITY-ST-ZIP 43 MARY ESTHER DRIVE
FORT WALTON BEACH FL 32547

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME *VP*
STREET ADDRESS *Asta R Sigurdardottir*
CITY-ST-ZIP *43 Mary Esther Dr*
Mary Esther FL 32569

TITLE ☒ Change ☐ Addition
NAME *PRES.*
STREET ADDRESS *Thorbjornsson Sigurdur*
CITY-ST-ZIP *43 Mary Esther Dr*
Mary Esther FL 32569

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04.01.06 850/2443990