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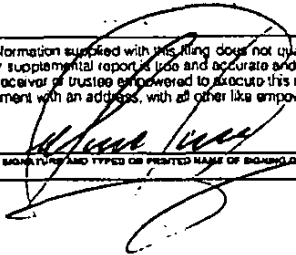
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66023946

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000127290														
1. Entity Name AVALON UNISEX SALON, INC														
Principal Place of Business 14200 E. COLONIAL DR. ORLANDO, FL 32825	Mailing Address 14200 E. COLONIAL DR. ORLANDO, FL 32825													
DO NOT WRITE IN THIS SPACE														
6. Name and Address of Current Registered Agent GARCIA, MARIA E 14200 E Colonial Dr. Orlando, FL 32825		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, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____														
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.												
10. OFFICERS AND DIRECTORS														
<table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>P. Maria E Garcia 14200 E Colonial Dr. Orlando, FL 32825</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr></table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Maria E Garcia 14200 E Colonial Dr. Orlando, FL 32825	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	
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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 reports 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: 9/5/06 Device: (321) 235-7493												