

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 15, 2007 8:00 am**  
**Secretary of State**

05-15-2007 90005 026 \*\*\*150.00

**DOCUMENT # P04000162342**

1. Entity Name  
**MIAMI LAKES BATH & BEAUTY, INC**



Principal Place of Business  
**4715 NW 157TH ST STE 211  
HIALEAH, FL 33014**

Mailing Address  
**POB 398522  
MIAMI BEACH, FL 33239**

2. Principal Place of Business - No P.O. Box #  
**4715 NW 157th ST**

3. Mailing Address  
**P.O. Box 398522**

Suite, Apt. #, etc.  
**#211**

Suite, Apt. #, etc.

City & State  
**Hialeah - FL**

City & State  
**Mia Bch - FL 33239**

Zip  
**33014**

Country  
**USA**

Zip  
**33239**

Country  
**USA**

40110177



05012007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

**ANGELINI, CHRIS  
888 BRICKELL KEY DR #605  
MIAMI, FL 33131**

4. FEI Number  
**APPLIED FOR**

Applied For  
☐ Not Applicable

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

7. Name and Address of New Registered Agent

Name

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

City  
**FL**

Zip Code

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 **Chris Angelini (P)** DATE **May 4/07**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$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	<b>P ANGELINI, CHRIS 888 BRICKELL KEY DR #605 MIAMI, FL 33131</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Chris Angelini (P)** DATE **May 4/07** 786-399-6554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #