

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90224 040 ***150.00

DOCUMENT # P05000017330 1. Entity Name MADAME'S BEAUTY SUPPLY, INC.					
Principal Place of Business 2736 NW 27 STREET MIAMI, FL 33142			Mailing Address 2736 NW 27 STREET MIAMI, FL 33142		
2. Principal Place of Business 1210 SW 2da. St. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Miami, FL. Zip 33135		City & State Zip U.S.		4. FEI Number 20-2284567 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent DAVILA, FRANCISCO I 2736 NW 27 STREET MIAMI, FL 33142			
7. Name and Address of New Registered Agent Name Veronica Davila Street Address (P.O. Box Number is Not Acceptable) 2736 NW 27 St. City Miami FL Zip Code 33142		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 Veronica Davila President 4/24/006 <small>(NOTE: Registered Agent signature required when reinstating)</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	PS DAVILA, VERONICA I 2736 NW 27 STREET MIAMI, FL 33142 <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: Veronica Davila <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date				Daytime Phone #	