

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2006 8:00 am
Secretary of State

05-04-2006 90207 040 ***150.00

DOCUMENT # P05000021920 1. Entity Name ANITA'S BEAUTY SALON INC.					
Principal Place of Business 7400 NW S RIVER DR STE B-1 MEDLEY, FL 33166			Mailing Address 7400 NW S RIVER DR STE B-1 MEDLEY, FL 33166		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEE Number 20-2336 024	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TORRES, OSCAR L 1689 W 68 ST HIALEAH, FL 33014			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 _____ Signature, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		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	DP TORRES, OSCAR L 1689 W 68 ST HIALEAH, FL 33014		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition		
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: _____			Date 305 88740		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

66021623



05012006 Chg-P CR2E034 (11/05)



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ATTACHMENT

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#405000021920

HI

Page 1 of 2
Account Number: 0037 7053 2889
EO P 0A Enclosures 0 60
Statement Period
04/01/06 through 04/30/06 0013081



00003358 01 AV 0.293 12 29075 001 SCH999 11

ANITA'S BEAUTY SALON INC.
7400 NW SOUTH RIVER DR
MEDLEY FL 33166-2559

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Account Summary Information

Statement Period	04/01/06 through 04/30/06	Statement Beginning Balance	370.42
Number of Deposits/Credits	3	Amount of Deposits/Credits	814.00
Number of Withdrawals/Debits	2	Amount of Withdrawals/Debits	186.13
Number of Deposited Items	11	Statement Ending Balance	998.29
Number of Enclosures	0	Average Ledger Balance	604.53
Number of Days in Cycle	30	Service Charge	0.00

Deposits and Credits

Date Posted	Amount	Description	Bank Reference
04/07	160.00	BkofAmerica ATM 04/07 #000005740 Deposit	946304070005740
		Hialeah West Hialeah FL	
04/20	255.00	BkofAmerica ATM 04/19 #000004782 Deposit	946304190004782
		Hialeah West Hialeah FL	
04/26	399.00	BkofAmerica ATM 04/26 #000008949 Deposit	946304260008949
		Hialeah West Hialeah FL	

Withdrawals and Debits

Checks

Check Number	Amount	Date Posted	Bank Reference	Check Number	Amount	Date Posted	Bank Reference
1020	120.00	04/28	813207240162207	1045 *	66.13	04/12	813103720543890

* Preceding check (or checks) is outstanding, is included in summary listing, or has been included in a previous statement.