


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

03-29-2006 90119 016 ***150.00
07-31-2006 90002 008 ***150.00

DOCUMENT # P05000031677	
1. Entity Name RAPUNZEL SALON INC.	

Principal Place of Business % MARTY PATRICK, ESQ. 1141 KAN CONCOURSE BAY HARBOR ISLANDS, FL 33154	Mailing Address % MARTY PATRICK, ESQ. 1141 KAN CONCOURSE BAY HARBOR ISLANDS, FL 33154
---	---

50023393



2. Principal Place of Business 7011 Biscayne Blvd.	3. Mailing Address 1034 NE 84th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07262006 Chg-P CR2E034 (11/05)

City & State Miami, FL	City & State Miami, FL
Zip 33138	Zip 33138
Country USA	Country USA

4. FEI Number 77-0657556	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent PATRICK, MARK ESQ. 1141 KANE CONCOURSE BAY HARBOR ISLANDS, FL 33154	
---	--

7. Name and Address of New Registered Agent Name Cy Cook Street Address (P.O. Box Number is not acceptable) 1034 NE 84th St. City Miami FL Zip Code 33138	
--	--

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 **CYNTHIA COOK** *Cy Cook* DATE **7-26-06**
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 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COOK, CYNTHIA % 1141 KANE CONCOURSE BAY HARBOR ISLANDS, FL 33154 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director COOK, Cynthia 1034 NE 84th St Miami FL 33138 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: CYNTHIA COOK <i>Cy Cook</i> DATE 7-26-06 DAYTIME PHONE # 766-3997232
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>