

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90011 023 \*\*\*150.00

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<b>DOCUMENT # P05000053569</b> 1. Entity Name <b>THE SOLARIUM TANNING CENTER, INC.</b>																											
Principal Place of Business <b>1500 N. FEDERAL HIGHWAY SUITE 200 FORT LAUDERDALE, FL 33304</b>		Mailing Address <b>1500 N. FEDERAL HIGHWAY SUITE 200 FORT LAUDERDALE, FL 33304</b>																									
2. Principal Place of Business <b>8859 SW 107 AVE</b> Suite, Apt. #, etc. <b>MIAMI, FLA</b> City & State <b>33176</b> <b>DADE</b> Zip Country		3. Mailing Address <b>9955 S.W. 84 ST</b> Suite, Apt. #, etc. <b>MIAMI, FLA</b> City & State <b>33173</b> <b>DADE</b> Zip Country																									
4. FEI Number <b>20-2679985</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>CHRISTIANSEN, MICHAEL 1500 N. FEDERAL HIGHWAY SUITE 200 FORT LAUDERDALE, FL 33304</b>		7. Name and Address of New Registered Agent Name <b>SAHER ABDULHADI</b> Street Address (P.O. Box Number is Not Acceptable) <b>9955 SW 84 ST.</b> <b>MIAMI,</b> City <b>MIAMI,</b> <b>FL</b> <b>33173</b> 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 <span style="float: right;">2/8/06</span> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width: 50%; padding: 2px;">           D <input type="checkbox"/> Delete  <b>ABDULHADI, SAHER</b>  <b>9955 SW 84TH STREET</b>  <b>MIAMI, FL 33173</b> </td> <td style="width: 50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;">           D <input type="checkbox"/> Delete  <b>ABDULHADI, CHERIE</b>  <b>9955 SW 84TH STREET</b>  <b>MIAMI, FL 33173</b> </td> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete         </td> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete         </td> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete         </td> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> </table>				10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>ABDULHADI, SAHER</b> <b>9955 SW 84TH STREET</b> <b>MIAMI, FL 33173</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>ABDULHADI, CHERIE</b> <b>9955 SW 84TH STREET</b> <b>MIAMI, FL 33173</b>	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"/> Delete	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"/> Delete	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"/> 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. <b>SIGNATURE:</b> <span style="float: right;">2/8/06 305-29-3300</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																											