

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000068780

1. Entity Name
LA BEAUTIQUE STYLE SALON INC.



Principal Place of Business
**1649 SUN CITY CENTER PLAZA, SUITE B
SUN CITY CENTER, FL 33573 US**

Mailing Address
**1649 SUN CITY CENTER PLAZA, SUITE B
SUN CITY CENTER, FL 33573 US**



03252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2979341	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

**HERNANDEZ, JOANNA M
1649 SUN CITY CENTER PLAZA, SUITE B
SUN CITY CENTER, FL 33573**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000872179
04/10/08-80027-022 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR HERNANDEZ, JOANNA M 1649 SUN CITY CENTER PLAZA, SUITE B SUN CITY CENTER, FL 33573
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR SIMMONS, DOROTHY E 1649 SUN CITY CENTER PLAZA, SUITE B SUN CITY CENTER, FL 33573
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SIMMONS, DOROTHY E 1649 SUN CITY CENTER PLAZA, SUITE B SUN CITY CENTER, FL 33573
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC HERNANDEZ, JOANNA M 1649 SUN CITY CENTER PLAZA, SUITE B SUN CITY CENTER, FL 33573
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/08

Date

(813)634-7486

Daytime Phone #