

FOR PROFIT CORPORATION
2005 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90342 035 ***150.00

DOCUMENT #	P05000072288
1. Entity Name	
So Chic Salon & Spa Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
5134 NW 7 Avenue		1 NW 89 Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Miami, FL		El Portal, FL	
Zip	Country	Zip	Country
33127		33150	

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
35-2254948		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Stanley Bien-Aime

Street Address (P.O. Box Number is Not Acceptable)

1 NW 89th ST

City El Portal

FL

Zip Code 33150

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 reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

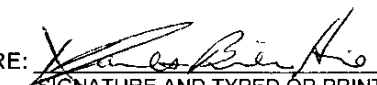
9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11.	
TITLE	PD	TITLE	
NAME	James Bienaime	NAME	
STREET ADDRESS	1 NW 89 Street	STREET ADDRESS	
CITY-ST-ZIP	El Portal, FL 33150	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  James Bienaime, Pres.

3/10/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #