

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90238 042 ***150.00

DOCUMENT # P05000074565 1. Entity Name MICHELE DAWN SALON & SPA, INC.																											
Principal Place of Business 9299 COLLEGE PARKWAY UNIT 107 FORT MYERS, FL 33919		Mailing Address 1734 SOUTHWEST 38TH TERRACE CAPE CORAL, FL 33914																									
2. Principal Place of Business 9299 College Parkway Suite, Apt. #, etc. #7		3. Mailing Address 1734 SW 38th Ter Suite, Apt. #, etc.																									
City & State FT Myers FL		City & State Cape Coral FL																									
Zip 33919		Zip 33914																									
Country USA		Country USA																									
4. FEI Number 11-3750963		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 SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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. <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div> DATE: 5-1-06 <small>(NOTE: Registered Agent signature required when retreating)</small> </div> </div>																											
FILE NOW!!! FEE IS \$150.00 Due by September 8, 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.																									
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">PSTD</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HOLSOMBACK, MICHELE D</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9299 COLLEGE PARKWAY, UNIT 107</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT MYERS, FL 33919</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">VM</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>RYAN FARISHIAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1734 SW 38th Ter</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Cape Coral FL 33914</td> <td></td> </tr> </table> </div> </div>				TITLE	PSTD	<input type="checkbox"/> Delete	NAME	HOLSOMBACK, MICHELE D		STREET ADDRESS	9299 COLLEGE PARKWAY, UNIT 107		CITY-ST-ZIP	FORT MYERS, FL 33919		TITLE	VM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	RYAN FARISHIAN		STREET ADDRESS	1734 SW 38th Ter		CITY-ST-ZIP	Cape Coral FL 33914	
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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.																											
SIGNATURE: <div style="display: flex; justify-content: space-between;"> <div> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div> Date: 5-1-06 <small>Daytime Phone #</small> </div> </div>																											