2006 FOR PROFIT CORPORATION

FILED

ANNUAL REPORT				Apr 24, 2006 08:00 A
1. Entity Nam	MENT # P05000079 EAUTY SALON, INC.	149		Secretary of State
Principal Plac 4315 NW 7T MIAMI, FL 3	H STREET SUITE 8	Mailing Address 4315 NW 7TH STREET SUITE 8 MIAMI, FL 33126		 4 IN 1818 1818 1818 1818 18 18 18 18 18 18 1
D	O NOT WRITE		CE	04192006 No Chg-P CR2E034 (11/05) 4. FEI Number
6. Name and Address of Current Registered Agent CABANAS & ASSOCIATES, P.A. 10520 NW 26 STREET SUITE C-201 DORAL, FL 33172				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 Special registered agent and Pille if applicable. (NOTE. Registered Agent signature required when refirstating) PLE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PST MARTINEZ, PILAR 40 NW 66 COURT MIAMI, FL 33126	IRECTORS		000000529559 05/05/06-80080-011 150.00 DO NOT WRITE IN THIS SPACE
NAME STREET ADDRESS				

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