

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000119141 1. Entity Name GENESIS BY CHANO BEAUTY SALON, INC.	
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FILED

07 MAY 30 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1280 SW 1 ST. #5 MIAMI, FL 33125	Mailing Address 1280 SW 1 ST. #5 MIAMI, FL 33125
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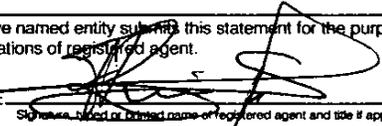
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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05292007 Chg-P CR2E034 (12/06)

City & State Zip Country	City & State Zip Country	4. FEI Number 20-3391544	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent RUIZ, FELICIANO 1280 SW 1 ST. #5 MIAMI, FL 33125	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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  DATE _____

Signature block of listed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

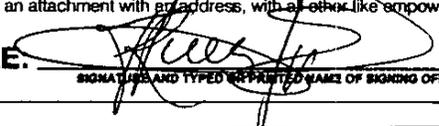
FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$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.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P RUIZ, FELICIANO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUIZ, FELICIANO	NAME	100103902751 06/05/07--01027--006 **150.00
STREET ADDRESS	1280 SW 1ST STREET #5	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33125	CITY-ST-ZIP	
TITLE	VP RUIZ, CLEMENTINA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUIZ, CLEMENTINA	NAME	
STREET ADDRESS	1280 SW 1ST STREET #5	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33125	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 another like empowered.

SIGNATURE:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____
Date _____ Daytime Phone # _____