

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000133745

FILED  
May 01, 2006  
Secretary of State

Entity Name: NU-YU FULL SERVICE SALON, INC.

## Current Principal Place of Business:

18379 NW 27TH AVE  
MIAMI GARDENS, FL 33056

## New Principal Place of Business:

## Current Mailing Address:

18379 NW 27TH AVE  
MIAMI GARDENS, FL 33056

## New Mailing Address:

FEI Number: 20-3568322

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROSE, GENORIA  
18379 NW 27TH AVE  
MIAMI GARDENS, FL 33056 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ROSE, GENORIA  
Address: 18379 NW 27TH AVE  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: D ( ) Delete  
Name: HARRIS, YORK  
Address: 18379 NW 27TH AVE  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: D ( ) Delete  
Name: MCPHEE-HARRIS, ABIGAIL  
Address: 18379 NW 27TH AVE  
City-St-Zip: MIAMI GARDENS, FL 33056

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GENORIA ROSE

P

05/01/2006

Electronic Signature of Signing Officer or Director

Date