

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 09, 2006 8:00 am**  
**Secretary of State**

08-09-2006 90014 029 \*\*\*150.00

DOCUMENT # P05000139861



1. Entity Name

DE-VINE ROOTS SALON, INC.

Principal Place of Business

2424 NORTH UNIVERSITY DRIVE  
UNIVERSITY PLAZA  
SUNRISE FL 33322  
US

Mailing Address

2424 NORTH UNIVERSITY DRIVE  
UNIVERSITY PLAZA  
SUNRISE FL 33322  
US



2. Principal Place of Business

De-vine Roots Salon

3. Mailing Address

2424 N University Drive

2nd MOORE

CR2E034 (4/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sunrise

City & State

Sunrise FL 33322

4. FEI Number

13-43-14391

Applied For

Not Applicable

Zip

33322

Country

Florida

Zip

33322

Country

Florida

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LATTY, DENZLE G  
ONE EAST BROWARD BLVD.  
SUITE # 604  
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

*Alston Smith* President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 6, 2006**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME SMITH, ALSTON  
STREET ADDRESS 2424 NORTH UNIVERSITY DRIVE  
CITY-ST-ZIP SUNRISE FL 33322 ☐ Delete

TITLE VP  
NAME SMITH, MICHELLE  
STREET ADDRESS 2424 NORTH UNIVERSITY DRIVE  
CITY-ST-ZIP SUNRISE FL 33322 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Alston Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/06

Date

(954) 748-5457

Daytime Phone #