

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000143056

1. Entity Name  
LORENZO'S UNISEX HAIR SALON INC.



FILED

06 MAY 16 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3408 E. ATLANTIC BLVD.  
POMPANO BEACH, FL 33062 US

Mailing Address  
3408 E. ATLANTIC BLVD.  
POMPANO BEACH, FL 33062 US

2. Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

Suite, Apt. #, etc.

01172006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number

65-1010474

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DESIMONE, LORENZO  
3408 E. ATLANTIC BLVD.  
POMPANO BEACH, FL 33062

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

300075651353

06/01/06--01039--008 \*\*150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P.D  
DESIMONE, LORENZO  
3408 E. ATLANTIC BLVD.  
POMPANO BEACH, FL 33062

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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B 5/25/04

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Director's Phone #