## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

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of the corporation or the re if changed, or on an attack

SIGNATURE:

## Apr 17, 2007 8:00 am Secretary of State DOCUMENT # P05000147896 1. Entity Name 04-17-2007 90058 045 \*\*\*155.00 ELEGANCE FINISHING SHOP, INC. Principal Place of Business Mailing Address 7821 NW 53 COURT 7821 NW 53 COURT LAUDERHILL FL 33351 LAUDERHILL FL 33351 Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) 4. FEI Number Applied For 20-4179118 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SANANDRES, YVONNE Street Address (P.O. Box Number is Not Acceptable) 1215 SE 2 AVENUE SUITE 101 FORT LAUDERDALE FL 33316 City 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 (NOTE Registered Agent signature required when re-installing) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. \\_\\_\\_ Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ÞΠ PresideNT ITTLE ☐ Delete HHE ☐ Change LA CHAPEL, FRANCISCO NAME NAMI MARIA LACHAPEL 7821 NW 53RD COURT STREET ADDRESS STREET ADDRESS LAUDERHILL FL 33351 CITY S1-ZIP CHY ST 7IP ☐ Delete 100 Change Addition NAME NAM STREET ADDRESS STREET ADDRESS CHY ST 7P CHY-ST-ZIP TITLE ☐ Delete THE ☐ Change Addition NAME 42.54 STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-ST 7IP HILL ☐ Delete HH Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY ST 7IP THE ☐ Defete TITLE ☐ Change Addition NAME NAM STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP HILE ☐ Dolete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same logal offect 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

with all other like empowered

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**