2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2006
Secretary of State

DOCUMENT# P05000156654

Entity Name: CHAKRAS BEAUTY & AROMATHERAPY SALON, INC.

Current Principal Place of Business:

13300 SW 111 AVENUE
MIAMI, FL 33176

New Principal Place of Business:

10675 S.W. 88 ST
MIAMI, FL 33176

Current Mailing Address:

13300 SW 111 AVENUE
MIAMI, FL 33176

New Mailing Address:

10675 S.W. 88 ST
MIAMI, FL 33176

FEI Number: 54-2188242 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FONT, GAIL
13300 SW 11TH AVENUE
MIAMI, FL 33176 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: P, T ( ) Delete
Name: FONT, GAIL
Address: 13300 SW 111TH AVENUE
City-St-Zip: MIAMI, FL 33176

Title: VP ( ) Delete
Name: RAVELLI, JACQUELINE
Address: 13300 SW 111TH AVENUE
City-St-Zip: MIAMI, FL 33176

Title: S ( ) Delete
Name: CARRENO, GINA R
Address: 13300 SW 11TH AVENUE
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: KANE, JACQUELINE
Address: 10675 S.W. 88 ST
City-St-Zip: MIAMI, FL 33176

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: GAIL FONT PRES 06/12/2006

Electronic Signature of Signing Officer or Director — Date