

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000158561

FILED
Apr 28, 2006
Secretary of State

Entity Name: NEW IMAGE BEAUTY SALON, CORP.

Current Principal Place of Business:

3943 N. FEDERAL HWY
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

3943 N. FEDERAL HWY
POMPANO BEACH, FL 33064

New Mailing Address:

FEI Number: 20-3881609

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTTON, CLAUDIA
3943 N. FEDERAL HWY
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

COELHO, MARTA
3943 N. FEDERAL HWY
POMPANO BEACH, FL 33064 US

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: MARTA COELHO

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COELHO, MARTA
Address: 3943 N. FEDERAL HWY
City-St-Zip: POMPANO BEACH, FL 33064

Title: DT () Delete
Name: COELHO, DIAMANTINO F
Address: 3943 N. FEDERAL HWY
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MARTA COELHO

PD

04/28/2006

Electronic Signature of Signing Officer or Director

Date