

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000158733

FILED  
Jan 17, 2007  
Secretary of State

Entity Name: CITRUS TOWER HAIR SALON CORP.

## Current Principal Place of Business:

355 CITRUS TOWER BLVD.  
SUITE 108  
CLERMONT, FL 34711

## New Principal Place of Business:

## Current Mailing Address:

3340 WHITE BLOSSOM LANE  
CLERMONT, FL 34711

## New Mailing Address:

355 CITRUS TOWER BLVD  
SUITE 108  
CLERMONT, FL 34711

FEI Number: 20-3877517

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MUNOZ, FABIOLA  
3340 WHITE BLOSSOM LANE  
CLERMONT, FL 34711 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MUNOZ, FABIOLA  
Address: 3340 WHITE BLOSSOM LANE  
City-St-Zip: CLERMONT, FL 34711

Title: VP ( ) Delete  
Name: GALLARDO, ERNESTO  
Address: 31 OVERHILL ROAD  
City-St-Zip: SCARSDALE, NY 10583

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S ( ) Change (X) Addition  
Name: GALLARDO, ERNESTO  
Address: 31 OVERHILL ROAD  
City-St-Zip: SCARSDALE, NY 10583

Title: T ( ) Change (X) Addition  
Name: MUNOZ, FABIOLA  
Address: 3340 WHITE BLOSSOM LANE  
City-St-Zip: CLERMONT, FL 34711

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: FABIOLA MUNOZ

P

01/17/2007

Electronic Signature of Signing Officer or Director

Date