

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000038791

Entity Name: 3 QUEEN'S SALON INC.

FILED  
Apr 17, 2007  
Secretary of State

## Current Principal Place of Business:

17010 W. DIXIE HWY UNIT C  
NORTH MIAMI, FL 33160 US

## New Principal Place of Business:

17010 W. DIXIE HWY  
UNIT C  
NORTH MIAMI, FL 33160 US

## Current Mailing Address:

P. O. BOX 630415  
MIAMI, FL 331630415

## New Mailing Address:

FEI Number: 75-3213318      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AUGUSTE, JOCELYNE  
922 NE 199 ST APT 205  
MIAMI, FL 33179 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/D ( ) Delete  
Name: ARISTIL, FABIANA  
Address: 922 NE 199 ST APT 205  
City-St-Zip: MIAMI, FL 33179 US

Title: VP/D ( ) Delete  
Name: AUGUSTE, JOCELYNE  
Address: 922 NE 199 ST APT 205  
City-St-Zip: MIAMI, FL 33179 US

Title: S/D ( ) Delete  
Name: ARISTIL, SHEILA  
Address: 922 NE 199 ST APT 205  
City-St-Zip: MIAMI, FL 33179 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JOCELYNE AUGUSTE

VP/D

04/17/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date