

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 SEP 17 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P06000050069**

1. Entity Name  
YOUR FANTASY SALON, INC.



Principal Place of Business  
714 ATLANTIC SHORES BLVD  
HALLANDALE, FL 33009

Mailing Address  
POST OFFICE BOX 223994  
HOLLYWOOD, FL 33022

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



07252007 Chg-P CR2E034 (12/06)

4. FEI Number  
20-4686833

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145

7. Name and Address of New Registered Agent  
Name Evelyn Alcaide  
Street Address (P.O. Box Number is Not Acceptable)  
714 Atlantic Shores Blvd.  
City Hallandale FL Zip Code 33009

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: *[Signature]* DATE: 7/24/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ALCAIDE, EVELYN 714 ATLANTIC SHORES BLVD HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200109723112 09/20/07--01066--012 **150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with an other, like empowered.

SIGNATURE: *[Signature]* Evelyn Alcaide DATE: 7/24/07 (954) 295-6019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR