

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90019 040 \*\*\*150.00

**DOCUMENT # P06000069858**

1. Entity Name  
LA SCALA HAIR SALON & DAY SPA, INC.



Principal Place of Business Mailing Address  
14 TIMUCUAN DRIVE 14 TIMUCUAN DRIVE  
ORMOND BEACH, FL 32174 US ORMOND BEACH, FL 32174 US

**60022979**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

1808 W. International Speedway Blvd

Suite 401

Suite, Apt. #, etc.

03312008 Chg-P CR2E034 (12/06)

City & State  
Daytona Beach, FL

City & State

4. FEI Number  
20-4901753

Applied For  
Not Applicable

Zip Country  
32114 USA

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCALI, SUSAN S  
14 TIMUCUAN DRIVE  
ORMOND BEACH, FL 32174

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS ☐ Delete  
NAME SCALI, SUSAN S  
STREET ADDRESS 14 TIMUCUAN DRIVE  
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VT ☐ Delete  
NAME DOERER, TINA S  
STREET ADDRESS 965 DEER HAMMOCK CIR  
CITY-ST-ZIP ST. AUGUSTINE, FL 32080

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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 all other like empowered.

SIGNATURE: Susan S. Scali Susan S. Scali

3/31/08

386-254-0570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #