## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000082721

GIANFRANCO SALON + SPA, INC

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SECRETARY OF STATE

40130 FOLLAHASSEE, FLORIDA

Mailing Address Principal Place of Business **5225 COLLINS AVE** 17051 NE 35TH AVE 101 MIAMI BEACH, FL 33140 N MIAMI BEACH, FL 33160 3. Mailing Address 2. Principal Place of Business - No P.O. Bo-5225 Collins 5225 Collins Are Suite, Apt. #, etc. Suite, Apt. #, etc. 08072007 CR2E034 (12/06) Applied For City & State Not Applicable hami Country 30140 \$8.75 Additional 5. Certificate of Status Desired 33140 ree Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TOR AND TRIBIANI TRIGIANI, DAMIAN B Street Address (P.O. Box Number is Not Acceptable) 17051 NE 35TH AVE 101 N MIAMI BEACH, FL 33160 City MAN atoment by the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept ضُ 08-22-07 SIGNATU If a Title (Registered Agent supplier innoced when remaining) Signature: typed or printed plate: of regs INVITABLE A NODERCOOKE 9. Election Campaign Financing \$5.00 May Be FILE NOWITI FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 14, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Addition TITLE TITLE ☐ Delete TRIGIANI, MARIAWA TRIGIANI, DAMIAN B NAME NauF 770 NE 695: # 45 17051 NE 35TH AVE #101 STREET ADDRESS STREET ADLAESS CHY-SI-ZIP C11Y - 51 - 74P N MIAMI BEACH, FL 33160 Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST ZIE Defete Addition HILE HILE HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7P Change Addition Delete TITLE THE E HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TIBLE

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplied with the product for or director of the corporation or the corporation or the corporation or the corporation or the corporation of the corporation of

CITY-ST-ZP

NAME

TITLE

HAME STREET ADDRESS

STREET ADDRESS

SIGNATURE:

NAME STREET ADDRESS

TITLE NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

08/22/07

☐ Change

Accidion

1019

GIANFRANCO SALON + SPA, INC

5225 COLLINS AVE Suite 415 Miami Beach, Florida 33140

Miami, September 26, 2007

Department of State Division of Corporations Tallahassee, FL 32314

RE: P06000082721

To Whom It May Concern:

Currently, my corporation is encountering a problem and would need the help of this Department to solve it. The problem arises upon never having received the 2007 UBR (Uniform Business Report) and because of this, the corporation was penalized.

In addition, I paid \$400.00 dollars to reinstall our corporation, which never happened, so now I am adding \$150.00 dollars for the reinstatement and I ask you to refund the \$400.00 dollars fee.

This petition is prepared given that the corporation has recently opened and handles very little activity. Thus, not allowing the corporation to be capable of paying such a large amount of money. An amount deemed unnecessary and unjust.

If in case the REINSTATEMENT is accepted, I would like to thank for understanding the situation presented and we promise to make this be the last time such a problem occurs.

Sincerely

Damian Trigiani

PRESIDENT