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Jun 13, 2007 8:00 am
Secretary of State
05-14-2007 90084 045 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

5/1

DOCUMENT # P06000102343

1. Entity Name
VITALIA BEAUTY EQUIPMENT, INC

66018969

04122007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
16291 NW 1 ST PEMBROKE PINES, FL 33028	16291 NW 1 ST PEMBROKE PINES, FL 33028

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
2285 W 80th St		
Suite, Apt #, etc. Suite 2	Suite, Apt. #, etc.	
City & State Hialeah FL	City & State	
Zip 33016 Country USA	Zip	Country

4. FEI Number 33-1167925 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VALLE, MANUEL J JR
16291 NW 1 ST
PEMBROKE PINES, FL 33028

7. Name and Address of New Registered Agent

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] 4-29-07
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, 2007 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VALLE, MANUEL J JR 16291 NW 1 ST PEMBROKE PINES, FL 33028	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Valle, Manuel J Jr 2285 W 80th St Suite 2 Hialeah FL 33016	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 4-29-07 954-430-8830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #