2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jul 28, 2008 8:00 am
Secretary of State
07-10-2008 90015 021 ***150.00

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1. Entity Name
ANGELA'S FULL SERVICE SALON, INC.

Principal Place of Business	Mailing Address
3150 S BABCOCK ST., SUITE D MELBOURNE, FL 32901	3150 S BABCOCK ST., SUITE D MELBOURNE, FL 32901

07072008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3150 S Babcock St	
Suite, Apt. #, etc. Suite B Melbourne	Suite, Apt. #, etc. Same
City & State FL 32901	City & State
Zip 32901 Country Brevard	Zip Country

4. FEI Number 65-1311690 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SINGH, ANGELA
3150 S BABCOCK ST., SUITE D
MELBOURNE, FL 32901

7. Name and Address of New Registered Agent

Name DALIP SINGH
Street Address (P.O. Box Number is Not Acceptable) SAME
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 Dalip Singh 07-08-08
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
Due by September 12, 2008

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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SINGH, ANGELA 3150 S BABCOCK ST., SUITE D MELBOURNE, FL 32901	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT DALIP SINGH SAME	☐ 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: X Angela Singh 07-08-08 (321) 676-3968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #