

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000080449

**FILED**  
**Feb 19, 2010**  
**Secretary of State**

**Entity Name:** ILLUSIONS BEAUTY SALON & SPA, INC.

**Current Principal Place of Business:**

28913 S. DIXIE HIGHWAY  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

28913 S. DIXIE HIGHWAY  
HOMESTEAD, FL 33033

**Current Mailing Address:**

28913 S. DIXIE HIGHWAY  
HOMESTEAD, FL 33030

**New Mailing Address:**

28913 S. DIXIE HIGHWAY  
HOMESTEAD, FL 33033

**FEI Number:** 26-0566810

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHOOS, S. SCOTT  
44 N.E. 16 STREET  
HOMESTEAD, FL 33030 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: SALAS-PEREZ, MARIA  
Address: 16705 SW 300 STREET  
City-St-Zip: HOMESTEAD, FL 33030

Title: DVST  
Name: SALAS, FRANCISCA  
Address: 172 NW 17 STREET  
City-St-Zip: HOMESTEAD, FL 33030

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARIA SALAS-PEREZ

DP

02/19/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date