

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2008 8:00 am
Secretary of State

07-28-2008 90032 041 ***150.00

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07152008 Chg-P CR2E034 (12/06)

DOCUMENT # P07000106524					
1. Entity Name CLAUDIA ANACHELI SALON, CORP					
Principal Place of Business 7663 W 36 AVENUE 3 HIALEAH GARDENS, FL 33018			Mailing Address 7663 W 36 AVENUE 3 HIALEAH GARDENS, FL 33018		
2. Principal Place of Business - No P.O. Box # 150 W 29 TH ST		3. Mailing Address 150 W 29 TH ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State HIALEAH FL		City & State HIALEAH FL		4. FEI Number 26-1134617	
Zip 33012		Country DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERRERA ARROSARENA, RAUL 7663 W 36 AVENUE 3 HIALEAH GARDENS, FL 33018			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 _____ (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. <input type="checkbox"/> \$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 IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HERRERA ARROSARENA, RAUL 7663 W. 36 AVENUE #3 HIALEAH GARDENS, FL 33018	<input type="checkbox"/> Delete			
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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: <u>RAUL HERRERA</u> <u>7/15/08</u> <u>305.828832</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		