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May 08, 2008 8:00 am
Secretary of State
04-14-2008 90058 016 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000111903

1. Entity Name
EYEBROW SPA, INC.

Principal Place of Business	Mailing Address
410 N. FEDERAL HWY., SUITE A HALLANDALE, FL 33009	410 N. FEDERAL HWY., SUITE A HALLANDALE, FL 33009

66010018

04102008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		3161 SOUTH OCEAN DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Apt. 1501	
City & State		City & State Hallandale, FL	
Zip	Country	Zip 33009	Country

4. FEI Number 36-4619108 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KANDKHOROVA, DORA
410 N. FEDERAL HWY., SUITE A
HALLANDALE, FL 33009

7. Name and Address of New Registered Agent

Name Kandkhorova, Dora
Street Address (P.O. Box Number is Not Acceptable) c/o Yelisivich 3161 South Ocean Drive, #1501
City Hallandale FL Zip Code 33009

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 Dora Kandkhorova 04.10.08
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
After May 1, 2008 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	D KANDKHOROVA, DORA 3113 S. OCEAN DRIVE, APT 1009 HALLANDALE, FL 33009	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST Kandkhorova, Dora 3161 South Ocean Drive, #1501 Hallandale, FL 33009	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: Dora Kandkhorova 04.10.08 954-457-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #