

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2008 8:00 am
Secretary of State

03-31-2008 90042 041 ***150.00

DOCUMENT # P07000126659 1. Entity Name BLISS HAIR + SKIN, INC.																	
Principal Place of Business 233 VISCAYA AVENUE CORAL GABLES FL 33134			Mailing Address 233 VISCAYA AVENUE CORAL GABLES FL 33134														
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.															
City & State Zip Country		City & State Zip Country		4. FEI Number <div style="font-size: 1.2em; font-weight: bold;">22-3972891</div> <div style="float: right;"> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable </div>													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/07)													
6. Name and Address of Current Registered Agent <div style="border: 1px solid black; padding: 5px;"> SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145 </div>																	
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees													
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 _____ <small>Signature typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when registering)</small>																	
FILE NOW!!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		10. OFFICERS AND DIRECTORS															
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 70%; padding: 2px;"> <div> PD ARMAKAN, TAHEREH 233 VISCAYA AVENUE CORAL GABLES FL 33134 </div> <div style="text-align: right;"><input type="checkbox"/> Delete</div> </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <div> VPST ARMAKAN, BAHRAM 233 VISCAYA AVENUE CORAL GABLES FL 33134 </div> <div style="text-align: right;"><input type="checkbox"/> Delete</div> </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <div> D ARMAKAN, BAHRAM 233 VISCAYA AVENUE CORAL GABLES FL 33134 </div> <div style="text-align: right;"><input type="checkbox"/> Delete</div> </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <div> </div> <div style="text-align: right;"><input type="checkbox"/> Delete</div> </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <div> </div> <div style="text-align: right;"><input type="checkbox"/> Delete</div> </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <div> </div> <div style="text-align: right;"><input type="checkbox"/> Delete</div> </td> </tr> </table>				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> PD ARMAKAN, TAHEREH 233 VISCAYA AVENUE CORAL GABLES FL 33134 </div> <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> VPST ARMAKAN, BAHRAM 233 VISCAYA AVENUE CORAL GABLES FL 33134 </div> <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> D ARMAKAN, BAHRAM 233 VISCAYA AVENUE CORAL GABLES FL 33134 </div> <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> </div> <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> </div> <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> </div> <div style="text-align: right;"><input type="checkbox"/> Delete</div>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="text-align: right; font-size: 1.2em; font-weight: bold;">3/18/08</div>															