

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90100 038 ***150.00

DOCUMENT # P93000008843

1. Entity Name
PIAZZ BEAUTY SALON, INC.



Principal Place of Business
**1397 KASS CIR
SPRING HILL, FL 34606 US**

Mailing Address
**1399 KASS CIR
SPRING HILL, FL 34606 US**

40076737



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
59-3174957

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ADJAN, IRENE
10052 TWELVE OAKS COURT
BROOKSVILLE, FL 34613**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Weeki Wachee

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

Irene Adjan owner

4-20-07

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, 2007 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 ☐ Delete
NAME **D**
STREET ADDRESS **ADJAN, IRENE**
CITY - ST - ZIP **10052 TWELVE OAKS COURT
BROOKSVILLE, FL 34613**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP **Weeki Wachee FL 34613**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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:

Irene Adjan owner

4-20-07

Date

Daytime Phone #