


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000064360</b> 1. Entity Name <b>NELLYS BEAUTY SALON CORPORATION</b>					
Principal Place of Business <b>6854 W. FLAGLER ST.                  MIAMI, FL 33144</b>		Mailing Address <b>6854 W. FLAGLER ST.                  MIAMI, FL 33144</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0442590</b>	
6. Name and Address of Current Registered Agent  <b>SEQUEIRA, NELLY                  6854 W. FLAGLER ST.                  MIAMI, FL 33144</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City	
City & State		City & State			
Zip		Zip			
Country		Country			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
\$8.75 Additional Fee Required				01052005 Chg-P CR2E034 (10/03)	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
\$5.00 May Be Added to Fees			10. OFFICERS AND DIRECTORS		
TITLE NAME <b>P SEQUEIRA, NELLY</b> <input type="checkbox"/> Delete			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
STREET ADDRESS <b>2375 NE 187TH ST</b>			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <b>N. MIAMI BEACH, FL 33180</b>			STREET ADDRESS <b>04/27/05-80091-009 150.00</b>		
TITLE NAME <input type="checkbox"/> Delete			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME <input type="checkbox"/> Delete			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Nellys Sequeira</i>			4-27-05-(305)858 9141		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		