


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 08:00 A
Secretary of State

DOCUMENT # P93000064360
 1. Entity Name
NELLYS BEAUTY SALON CORPORATION



Principal Place of Business 6854 W. FLAGLER ST. MIAMI, FL 33144	Mailing Address 6854 W. FLAGLER ST. MIAMI, FL 33144
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DO NOT WRITE IN THIS SPACE



04012006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0442590	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEQUEIRA, NELLY
 6854 W. FLAGLER ST.
 MIAMI, FL 33144

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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
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SEQUEIRA, NELLY
STREET ADDRESS	2375 NE 187TH ST
CITY-ST-ZIP	N. MIAMI BEACH, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/20/06-80021-019,150.00

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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: *X Nelly Sequeira* **4-10-06** **X 305 858914**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #