


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000003296</b> 1. Entity Name <b>AVANCE INTERNATIONAL SALON INC.</b>					
Principal Place of Business <b>3444 MAIN HIGHWAY STORE #5 COCONUT GROVE FL 33133</b>			Mailing Address <b>3444 MAIN HIGHWAY STORE #5 COCONUT GROVE FL 33133</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number <b>65-0462906</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>LOUREIRO, IDANIA 3444 MAIN HIGHWAY STORE 7 COCONUT GROVE FL 33133</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PD LOUREIRO, IDANIA 3444 MAIN HIGHWAY STORE #5 MIAMI FL 33133	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	U000000545323 05/11/06-80074-004 150.00
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**SIGNATURE:** *Idania Loureiro*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*04/21/06* (305) 448-4835  
 Date Daytime Phone #