2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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SIGNATURE:

Apr 05, 2006 08:00 AM Secretary of State DOCUMENT # P94000013432 t. Entity Name VEDA HAIR SALON, INC. Principal Place of Business Mailing Address 1101 W HIBISCUS BLVD SUITE 200 MELBOURNE FL 32901 1101 W HIBISCUS BLVD SUTE 200 MELBOURNE FL 32901 2. Principal Place of Business 3. Mailing Address Suite, Apt. ff, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE 4. FEI Number City & State City & State Applied For 59-3225846 Not Applicat Country Country \$8.75 Additional Ζıσ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LAMB, VIOLA F 1101 W HIBISCUS BLVD Street Address (P.O. Box Number is Not Acceptable) SUITE 200 MELBOURNE FL 32901 City 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, 1 am familiar with, and acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Florida, 1 am familiar with, and acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Florida, 1 am familiar with, and acceptable of the purpose of changing its registered of the purpose of the purpose of changing its registered of the purpose of the purpose of changing its registered of the purpose of the purpos the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May B. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTURS 10. 11 ☐ Change KILE ☐ Delete DILE NAME NAME LAMB, VIOLA F STHEET ADDRESS STREET ADDRESS 1101 W HIBISCUS BLVD SUITE 200 CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32901 DAM' ☐ Change THE Delete 117LE NAME NAME 1100000492006 19/06-80048-004 150.00 STREET ADDRESS STREET ADDRESS COTY-ST-78 CUTY-ST-ZIP Change W.C The first Delete 3)11(5 NAM NAME STRUET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-SI-ZIP Chance Addin. Delete TITLE Title NAMI NAME STREET ADDRESS STREET ADDRESS City-St-Zip CITY-ST-ZIP ☐ Additt ☐ Defete Change TITLE TITLE NAME MANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SITY-ST-ZP Delete ☐ Change □ Atti SILE 76T) F NAME NAME STREET AUDRESS STREET ADDRESS CUY-ST-Z@ CHY-SI-ZIP 12. I hereby certify that the information supplied with this fling 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 direction 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 to

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Date

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