

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90216 040 ***150.00

DOCUMENT # P95000072972

1. Entity Name
LUCINDA HOUSE OF BEAUTY, INC.



Principal Place of Business

5417 N. STATE ROAD 7
MARGATE, FL 33319

Mailing Address

5417 N. STATE ROAD 7
MARGATE, FL 33319

50014211



02262006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

5417 N State Rd 7
Suite, Apt. #, etc.

3. Mailing Address

5417 N State Rd 7
Suite, Apt. #, etc.

City & State

Tamarac, FL

City & State

Tamarac, FL

4. FEI Number

65-0609418

Applied For

Not Applicable

Zip

33319

Country

Broward

Zip

33319

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KING, JENNIFER
39 ANN LEE LANE
TAMARAC, FL 33319

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

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, 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 ☐ Delete
NAME KING, JENNIFER
STREET ADDRESS 39 ANN LEE LANE
CITY - ST - ZIP TAMARAC, FL 33019

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3465 NW 41st St
CITY - ST - ZIP Lauderdale Lakes, FL 33309

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Jennifer King, Pres

Jennifer King, Pres

Date

2/27/06

Daytime Phone #

954-335-9885