2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State
01-11-2007 90047 035 ***158.75

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1. Entity Name
VISAGE - HEALTH AND BEAUTY SERVICES, INC.

Principal Place of Business	Mailing Address
1202 TECH BLVD STE 100 TAMPA, FL 33619	1202 TECH BLVD STE 100 TAMPA, FL 33619

01052007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
221 Hobbs Street		221 Hobbs Street	
Suite, Apt. #, etc.: Suite 101		Suite, Apt. #, etc.: Suite 101	
City & State: Tampa, FL		City & State: Tampa, FL	
Zip: 33619	Country: USA	Zip: 33619	Country: USA

4. FEI Number: 59-3991986 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MULDER, JOANNA
1202 TECH BLVD
TAMPA, FL 33619

7. Name and Address of New Registered Agent

Name: Mulder, Joanna
Street Address (P.O. Box Number is Not Acceptable): 221 Hobbs Street
Suite 101
City: Tampa, FL Zip Code: 33619

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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** 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 MULDER, JOANNA 2553 MASON OAKS DR. VALRICO, FL 33594	☐ Delete	P/C/D Mulder, Joanna 2553 Mason Oaks Dr Valrico, FL 33594	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD MURRAY, MAUREEN 1202 TECH BLVD STE 100 TAMPA, FL 33619	☐ Delete	V/C/D Murray, Maureen 3543 High Hampton Cir. Tampa, FL 33610	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: J Mulder 1/5/2007 813-657-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #