

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000092336

Entity Name: FEMME COIFFURE, INC.

FILED
Jul 19, 2006
Secretary of State

Current Principal Place of Business:

9700 COLLINS AVENUE
229
BAL HARBOUR, FL 33154 US

New Principal Place of Business:

Current Mailing Address:

9700 COLLINS AVENUE
229
BAL HARBOUR, FL 33154 US

New Mailing Address:

FEI Number: 65-0712295 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REBOH, GABRIEL
9700 COLLINS AVENUE
229
BAL HARBOUR, FL 33154 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REBOH, RAPHAEL
Address: 3194 N. E 211TH STREET
City-St-Zip: AVENTURA, FL 33180 US

Title: P () Delete
Name: REBOH, GABRIEL P
Address: 9364 BAY DRIVE
City-St-Zip: SURFSIDE, FL 33154 US

Title: S () Delete
Name: REBOH, DANIEL
Address: 9700 COLLINS AVENUE #229
City-St-Zip: BAL HARBOUR, FL 33180

Title: T () Delete
Name: REBOH, MARCEL
Address: 290 BAL BAY DRIVE #305
City-St-Zip: AVENTURA, FL 33180

Title: S () Delete
Name: REBOH, ARMAND
Address: 9700 COLLINS AVENUE #229
City-St-Zip: BAL HARBOUR, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GABRIEL REBOH

P

07/19/2006

Electronic Signature of Signing Officer or Director

_____ Date