


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000023832
 1. Entity Name
 CARMEN LEE SALON, INC.



Principal Place of Business Mailing Address
 3120 BAY TO BAY BLVD 3120 BAY TO BAY BLVD
 TAMPA, FL 33629 TAMPA, FL 33629 US

DO NOT WRITE IN THIS SPACE



03102006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3433475	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 AMERILAWYER CHARTERED
 343 ALMERIA AVENUE
 CORAL GABLES, FL 33134

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6. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD CARMEN, LEE 3120 BAY TO BAY BLVD TAMPA, FL 33629
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100000485752
 04-13-06-130008-005 150.00

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 files empowered.

SIGNATURE: Carmen Lee - CARMEN LEE 3-30-06 813-839-1880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #