

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2006 8:00 am
Secretary of State

08-28-2006 90006 038 ***150.00

20053701



08072006 Chg-P CR2E034 (11/05)

DOCUMENT # P97000034494 1. Entity Name OLIM'S SALON CORPORATION					
Principal Place of Business 334 S.W. 12TH AVENUE MIAMI, FL 33130			Mailing Address 334 S.W. 12TH AVENUE MIAMI, FL 33130		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0748103	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DIAZ, MIREYA G 334 S.W. 12TH AVENUE MIAMI, FL 33130				7. Name and Address of New Registered Agent Name FRANK D. SANGINETO Street Address (P.O. Box Number is Not Acceptable) 334 SW 12 AVE. City MIAMI FL Zip Code 33130	
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 <i>Frank Sangueto</i> (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME D DIAZ, MIREYA G <input checked="" type="checkbox"/> Delete STREET ADDRESS 334 S.W. 12TH AVENUE CITY-ST-ZIP MIAMI, FL 33130			TITLE NAME FRANK D. SANGINETO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS P/T/D CITY-ST-ZIP 334 SW 12 AVE, MIAMI, FL. 33130		
TITLE NAME D DIAZ, SILVERIO G <input checked="" type="checkbox"/> Delete STREET ADDRESS 334 S.W. 12TH AVENUE CITY-ST-ZIP MIAMI, FL 33130			TITLE NAME KENNY PEREZ VP/MD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 334 SW 12 AVE. CITY-ST-ZIP MIAMI, FL. 33130		
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 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 <i>Frank Sangueto</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____					