

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90043 046 \*\*\*150.00

**DOCUMENT # P97000041060**

1. Entity Name  
**JUST KIDS SALON, INC.**



Principal Place of Business  
**10910 WEST FLAGLER ST  
SUITE 114  
MIAMI, FL 33174**

Mailing Address  
**10910 WEST FLAGLER ST  
SUITE 114  
MIAMI, FL 33174**

**50030855**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

03142005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number  
**65-0758375**

Applied For  
Not Applicable

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SCHONNEVALD, FRANCISCA  
10910 WEST FLAGLER ST  
SUITE 114  
MIAMI, FL 33174**

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, 2005 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

**PTD  
SHONNEVALD, FRANCESCA  
10910 W. FLAG ST. #114  
MIAMI, FL 33174**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Francisca Schonnevald*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/05 (305) 554-0667  
Date Daytime Phone #