2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000107505

1. Entity Name
C'ONELLE SALON, INC.

Principal Place of Business	Mailing Address
1449 YAMATO ROAD BOCA RATON, FL 33432	1449 YAMATO ROAD BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

01132006   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
65-0866035		Not Applicable

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

6. Name and Address of Current Registered Agent

HRAWG CORP
1801N MILITARY TRAIL
STE 200
BOCA RATON, FL 33431

*MARION ADAMS
1449 YAMATO ROAD
BOCA RATON, FL 33431*

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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 *1-12-06*

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	V ~~BAUER~~
NAME	~~HAUSCHILD~~, GABRIELE
STREET ADDRESS	1449 YAMATO ROAD
CITY-ST-ZIP	BOCA RATON, FL 33432

TITLE	P
NAME	ADAMS, MARION
STREET ADDRESS	1449 YAMATO ROAD
CITY-ST-ZIP	BOCA RATON, FL 33432

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-06
Date   Daytime Phone #