## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 12, 2006 08:00 Al Secretary of State

DOCUMENT # P98000011694  1. Entity Name FAME BEAUTY SALON, INC.				Secretary of State			
Į i	ce of Business T FLAGLER STREET #5 33174	Mailing Address 11180 WEST FLAGLER STREET MIAMI, FL 33174	#5		el förff enis (33) ( 33)		1851 B/6/100 (f ) No.
	***						
_	O NOT WOITE	IN THE COA	^E	02082006	No Chg-P	CR2E034 (11	/05)
L	OO NOT WRITE	IN IMIS SPA	UE.	4. FEI Number 65-08143	75		Applied For Not Applicable
	and the second s		e de management de la company	5. Certificate of	Status Desired	□ \$8.75 Fee Re	Additional quired
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6. Name and Address of Current	registered Agent		• • • •	1 - 2. W. A. A. 17 - 1		• •
CHICA, SANDRA M 11180 W FLAGLER ST				DO N	<b>IOT WF</b>	RITE	
#5 MIAMI, FL 33174			IN THIS SPACE				
8. The above the obliga SIGNATURE.	e named entity submits this statement for titions of registered agent.  Signature, typed or printed name of registered agent a		ed office or register		in the State of Florid	da. I am familiar	with, and accept
Fil. After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	Election Campaign Finan     Trust Fund Contribution.		.00 May Be ed to Fees		<u> </u>	<u></u>
10.	OFFICERS AND I	DIRECTORS		· · ·			
TITLE NAME	PD CHICA, SANDRA M						
STREET ADDRESS CITY-ST-ZIP	11180 WEST FLAGLER STREET MIAMI, FL 33174	#5					
NAME STREET ADDRESS CITY-ST-ZIP				1	20000005 8-80/05/20	54758 10088-013	150.00
nne		<del></del>					•

DO NOT WRITE IN THIS SPACE

12. Thereby 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: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
STREET ADDRESS
CITY-ST-ZIP

Date Day/me Phone #