2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000017014

1. Entity Name
NU-LIFE UNISEX BEAUTY SALON, INCORPORATED

Principal Place of Business	Mailing Address
4121 N. STATE ROAD 7	4121 N. STATE ROAD 7
LAUDERDALE LAKES, FL 33319	LAUDERDALE LAKES, FL 33319

DO NOT WRITE IN THIS SPACE

02212007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0911954	Not Applicable

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

6. Name and Address of Current Registered Agent

RIGG, HORTENSE
4121 N. STATE ROAD 7
LAUDERDALE LAKES, FL 33319

DO NOT WRITE IN THIS SPACE

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_____ 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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

U00000653883
03/13/07-80039-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RIGG, HORTENSE
STREET ADDRESS	2823 NW 111 AVE
CITY-ST-ZIP	SUNRISE, FL 33322

TITLE	VP
NAME	COLE, EDWARD
STREET ADDRESS	2823 NW 111 AVE
CITY-ST-ZIP	SUNRISE, FL 33322

TITLE	
NAME	
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	

DO NOT WRITE IN THIS SPACE

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: _____   2.22.07   954. 677. 9484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #