


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 22, 2006 8:00 am
Secretary of State

05-30-2006 90041 004 ***150.00

DOCUMENT # P99000075433 1. Entity Name D'LUZ HAIR SALON, INC.	
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Principal Place of Business 7318 WEST 20TH AVENUE HIALEAH, FL 33016	Mailing Address 19763 NW 87 COURT HIALEAH, FL 33018
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66020418



05162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0943250	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

CORREA, LUZ E
19763 NW 87 COURT
HIALEAH, FL 33018

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEB 18 \$550.00
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CORREA, LUZ E
STREET ADDRESS	18763 NW 87 COURT
CITY-ST-ZIP	HIALEAH, FL 33018
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: Luz E Correa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-14-06 (305 822-56-61)
Date Daytime Phone #

ATTACHMENT

06020418

Ref: Document # P99000075433

To: Whom it may concern:

I am enclosing \$150.00 as per your phone message. I was out of town and I never received the information. As per my accountant that noticed that I didn't paid the yearly fee, she look for last years information and entered in the web and made a copy of the attached papers. She also said that I needed to send this year membership.

I will like to dissolve the corporation because I do not own the business any longer, and I can report my income as a self employee.

Thank you
D'Luz