


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # V22956**  
1. Entity Name  
**ALI & RO BEAUTY SALON INC.**



Principal Place of Business      Mailing Address  
8870-1 SW 40TH ST.      8870-1 SW 40TH ST.  
MIAMI, FL 33165 US      MIAMI, FL 33165 US

**DO NOT WRITE IN THIS SPACE**



02162005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0324117**      Not Applicable

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

6. Name and Address of Current Registered Agent  
  
**CARLOS MACEDO**  
8870-3 SW 40TH ST.  
MIAMI, FL 33165

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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:       DATE: 4/30/05

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, 2005 Fee will be \$550.00**

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


10. OFFICERS AND DIRECTORS

TITLE	PTDS
NAME	CAMACHO, MARIA R.
STREET ADDRESS	3455 S.W. 99TH AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	VPS
NAME	GALVEZ, MARIA A
STREET ADDRESS	550 SW 95 CT.
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000347782  
04/30/05-80129-024 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:       Date: 4/25/05      Daytime Phone #: (305) 220-3997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR