


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 08:00 AM
Secretary of State

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



Principal Place of Business 8870-1 SW 40TH ST. MIAMI, FL 33165 US	Mailing Address 8870-1 SW 40TH ST. MIAMI, FL 33165 US
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DO NOT WRITE IN THIS SPACE



05032006 No Chg-P CR2E034 (11/05)

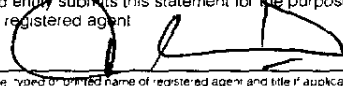
4. FEI Number 65-0324117	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

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  **CARLOS MACEDO** 5/3/06
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

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

in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

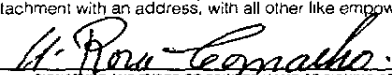
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PTDS CAMACHO, MARIA R. 3455 S.W. 99TH AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPS GALVEZ, MARIA A 550 SW 95 CT. MIAMI, FL 33165
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 05/19/06-90077-023 150.00

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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:  **MARIA ROSA CAMACHO** 5/3/06 (305) 220-3997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #