


FILED
Apr 30, 2007 8:00 am
Secretary of State

04-11-2007 90028 013 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # G29125					
1. Entity Name MAGGIE'S BEAUTY SHOP, INC.					
Principal Place of Business 7764 A N.W. 44TH STREET SUNRISE, FL 33351 US			Mailing Address 7764 A NW 44TH ST SUNRISE, FL 33351 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2263130	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country	5711735	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CAPELES, MEDELICIA 7702 N.W. 60 STREET TAMARAC, FL 33321			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAPELES, MEDELICIA		NAME		
STREET ADDRESS	7702 N.W. 60 STREET		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP		
	<i>President</i>				
TITLE	MEDELICIA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAPELES		NAME		
STREET ADDRESS	7764A-NW 44th St		STREET ADDRESS		
CITY-ST-ZIP	Sunrise, FL 33351		CITY-ST-ZIP		
	<i>President</i>				
TITLE	MEDELICIA CAPELES	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	7764A-NW 44th St		NAME		
STREET ADDRESS	Sunrise, FL 33321		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
	<i>President</i>				
TITLE	MEDELICIA CAPELES	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	7764A-NW 44th St		NAME		
STREET ADDRESS	Sunrise, FL 33321		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
	<i>President</i>				
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 employment.					
SIGNATURE: <i>Medelicia Capeles</i>		Date: <i>March 10, 2007</i>		Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	