2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

7/13/2005-90021-045-$150.00-$150.00

182

05 AUG 15 PM 3:07

SEC... TALLAHASSEE ... STATE

DOCUMENT # H19247

1. Entity Name

HAIR INNOVATIONS, INC.

Principal Place of Business	Mailing Address
748 NW 183RD STREET MIAMI FL 33169	3245 NW 80TH TERR MIAMI FL 33147

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/04)

4. FEI Number 59-2442009 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
QUINN, ELAINE E 3245 NW 80 TERR MIAMI FL 33147	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 [signature] 7/5/5

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
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CDP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	QUINN, ELANINE E		NAME		
STREET ADDRESS	3245 NW 80TH TERR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33147		CITY-ST-ZIP		
TITLE	DVT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	QUINN, EARNEST P		NAME		
STREET ADDRESS	3245 NW 80TH TERR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33147		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 7-5-05 786-586-9850

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

292

July 5, 2005

To: The Florida Department of State

Ref: Hair Innovations Inc
Doc # H19247

In reference to our corporation Annual Business Report forms. For the past [redacted] we have not received our annual report forms before June 30th of each year along with other mail that continually gets lost in our area. We again are requesting abatement of the penalties for the annual report. Enclosed is a check for [redacted] and a completed Annual Report form.

Sincerely

Earnest P. Quinn

Earnest P Quinn
Vice President