


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000101729 1. Entity Name CRISTINA'S HAIR STUDIO, INC.	
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Principal Place of Business 883 109TH AVENUE NAPLES FL 34108	Mailing Address 883 109TH AVENUE NAPLES FL 34108
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	4. FEI Number 59-3756483 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent CHRISTINA RE, AGOSTINA 822 97TH AVENUE NORTH NAPLES FL 34108	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPS CRISTINA RE, AGOSTINA <input type="checkbox"/> Delete 883 109TH AVENUE NAPLES FL 34108	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: right; font-family: monospace;"> 000001452786 03/13/06-80013-025 150.00 </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRISTINA RE, AGOSTINA <input type="checkbox"/> Delete 883 109TH AVENUE NAPLES FL 34108	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *Christina Re* **2/28/06 (239) 597-7600**
 _____ Date _____ Daytime Phone # _____