


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000104643

1. Entity Name
J V HAIR DESIGNER, INC.



Principal Place of Business 5975 SUNSET DRIVE #108 SOUTH MIAMI, FL 33143 US	Mailing Address 5975 SUNSET DRIVE #108 SOUTH MIAMI, FL 33143 US
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01062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 82-0567708	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**VARGAS, SECUNDINA
 13759 SW 160TH TERR.
 MIAMI, FL 33117-7**

DO NOT WRITE IN THIS SPACE

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 _____
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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARGAS, SECUNDINA 13759 SW 160TH TERR. MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARGAS, HERNANDO 13759 SW 160TH TERR. MIAMI, FL 33177
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/29/07-80046-004 150.00

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: *Secundina Vargas* **03/19/07** **305-665-6652**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #