

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 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

DO NOT WRITE IN THIS SPACE



02072008 No Chg-P CR2E034 (11/05)

4. FEI Number
 82-0567708 Applied For
 Not Applicable

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

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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 _____

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, 2008 Fee will be \$550.00

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

U00000838536
 03/05/08-80032-020 150.00

10. OFFICERS AND DIRECTORS

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

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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: Secundina Vargas
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/20/08
 Date

Daytime Phone # _____