

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000014397

FILED
Apr 28, 2008
Secretary of State

Entity Name: SHE-SHE HAIR SALON CORP.

Current Principal Place of Business:

8168 NW 103RD STREET
HIALEAH, FL 33016 US

New Principal Place of Business:

Current Mailing Address:

19915 NW 67TH CIRCLE CT
MIAMI LAKES, FL 33015 US

New Mailing Address:

FEI Number: 52-2438440 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORTELLADO, VANESSA E
8168 NW 103RD STREET
HIALEAH, FL 33016 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: ORTELLADO, ORTELLADO
Address: 19915 NW 67TH CIRCLE COURT
City-St-Zip: MIAMI LAKES, FL 33015

Title: VS () Delete
Name: ORTELLADO, VANESSA E
Address: 19915 NW 67TH CIRCLE COURT
City-St-Zip: MIAMI LAKES, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: ORTELLADO, JOSE
Address: 19915 NW 67TH CIRCLE COURT
City-St-Zip: MIAMI LAKES, FL 33015

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VANESSA E. ORTELLADO

VP

04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date