

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000111561

Entity Name: JAMILA HAIR CARE INC

FILED
Mar 16, 2009
Secretary of State

Current Principal Place of Business:

235 JOEL BLVD
SUITE C
LEHIGH ACRES, FL 33972

New Principal Place of Business:

723 FULLERTON AVE S
LEHIGH ACRES, FL 33974

Current Mailing Address:

P.O. BOX 344
LEHIGH ACRES, FL 33970

New Mailing Address:

FEI Number: 65-1232351

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORRESTER, ANN M
723 FULLERTON AVE S
LEHIGH ACRES, FL 33936 US

Name and Address of New Registered Agent:

FORRESTER, ANN M
723 FULLERTON AVE S
LEHIGH ACRES, FL 33974 US

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:

03/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FORRESTER, ANN M
Address: PO BOX 344
City-St-Zip: LEHIGH ACRES, FL 33970

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ANN MARIE FORRESTER

PRES

03/16/2009

Electronic Signature of Signing Officer or Director

Date