


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000037762		
1. Entity Name PRESTIGE HAIR SALON, INC.		
Principal Place of Business 513 N. FEDERAL HWY. PALM BCH, FL 33435	Mailing Address 513 N. FEDERAL HWY. PALM BCH, FL 33435	

FILED
Aug 21, 2008 08:00 AM
Secretary of State



06122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0509008	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PHILLIPS, CLAUDETTE
513 N. FEDERAL HWY.
PALM BCH, FL 33435

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	PHILLIPS, CLAUDETTE
STREET ADDRESS	513 N. FEDERAL HWY.
CITY-ST-ZIP	PALM BCH, FL 33435
TITLE	D
NAME	PHILLIPS, PRINCE
STREET ADDRESS	513 N. FEDERAL HWY.
CITY-ST-ZIP	PALM BCH, FL 33435
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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08/21/08-80002-010.150.00

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: CP Phillips 6/26/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #