## 2006 FOR PROFIT CORPORATION

## **ANNUAL REPORT** DOCUMENT # P96000099670

IZZY & CO. HAIRDRESSING, INC.

Principal Place of Business

1906 CLINT MOORE ROAD BOCA RATON, FL 33496

Mailing Address

1906 CLINT MOORE ROAD BOCA RATON, FL 33496

## **FILED** Jan 17, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01122006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For

65-0712696 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

HADAR, EZRA 1906 CLINT MOORE ROAD

## DO NOT WRITE

| #3<br>BOCA RATON, FL 33496  |  |  | IN THIS SPACE |                                |   |
|---|--|--|---------------|--------------------------------|---|
|   | named entity submits this statement for the pations of registered agent. | ourpose of changing its registered of                  | ffice or re   | gistered agent, or bot         | th, in the State of Florida. I am familiar with, and accept |
| SIGNATURE_  | Signature, typed or printed name of registered agent and title           | if applicable (NICITE Registered Age                   | ot ekanahus   | required when reinstating)     | DATE  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2008 Fee will be \$550.00 |  | 9. Election Campaign Financing Trust Fund Contribution |               | \$5.00 May Be<br>Added to Fees | HNN000389360<br>01/20/06-80044-003 150.00                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 | D HADAR, EZRA 1906 CLINT MOORE ROAD BOCA RATON, FL 33496                 | CTORS }  |               |                                |   |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP                                 |  |  |               |                                |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-S1-2IP                        |  |  | DO NOT WRITE  |                                |   |
| TITLE<br>NAME   |  |  |               | IN                             | THIS SPACE  |

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 subditemental 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 rederver 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTO