


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 523743**  
 1. Entity Name  
**MR. HARI HAIR DESIGNS, INC.**



Principal Place of Business      Mailing Address  
**8707 OAL KINGS ROAD SOUTH**      **8707 OAL KINGS ROAD SOUTH**  
**JACKSONVILLE FL 32217**      **JACKSONVILLE FL 32217**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-1770433**      Applied For Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

1st MOORE      CR2E034 (10/05)

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**GOLDBERG, SHEP**  
**8707 OLD KINGS ROAD S.**  
**JACKSONVILLE FL 32217**

Name:  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** M. Added to F

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PTSD	<input type="checkbox"/> Delete
NAME	GOLDBERG, BELINDA	
STREET ADDRESS	8707 OLD KINGS ROAD S	
CITY-ST-ZIP	JACKSONVILLE, FL 00000 32217	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDBERG, JAMEY LEE	
STREET ADDRESS	8707 OLD KINGS ROAD SO.	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

**U00000523350**  
**05/03/06-80068-012 150.00**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Belinda Goldberg / Belinda Goldberg Pres 4/12/06*