


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F39634		
1. Entity Name THE HEADLINER EXPRESSIONS OF HAIR, INC.		

FILED

09 AUG 12 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business THE HEADLINER EXPRESSIONS OF HAIR 5004 NE 15TH AVENUE FT LAUDERDALE FL 33334 US	Mailing Address THE HEADLINER EXPRESSIONS OF HAIR 5004 NE 15TH AVENUE FT LAUDERDALE FL 33334 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. SEE ATTACHED	Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State	City & State	4. FEI Number 59-2087334	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HUGHES, HARL 1503 E COMMERCIAL BLVD. FT LAUDERDALE FL 33308
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SEE ATTACHED 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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Harl Hughes President 4/28/08 954-191-8790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr

0028701



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS
P.O. Box 1500
Tallahassee, Florida 32302

FIRST-CLASS MAIL
U.S. POSTAGE PAID
Florida Secretary of State
Division of Corporations
84321

NOTICE OF INTENT TO DISSOLVE

Document # **F39634**

0096533 01 AV 0.205 **AUTO HB 1 1203 33334-570104



THE HEADLINER EXPRESSIONS OF HAIR, INC.

THE HEADLINER EXPRESSIONS OF HAIR

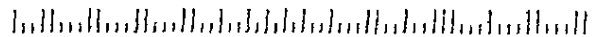
5004 NE 15TH AVENUE

FORT LAUDERDALE, FLORIDA 33334-5834

330 NFE 1 4091 00 06/22/09
NOTIFY SENDER OF NEW ADDRESS
THE HEADLINER
3407 NE 17TH TER
FT LAUDERDALE FL 33334-5834

BC: 33334583407

*1487-03658-22-20



IMPORTANT NOTICE

This will serve as your 60 day notice that the business entity listed on this postcard will be administratively dissolved/revoked and an additional reinstatement fee will be due if the annual report is not properly filed and the appropriate fee paid by September 2, 2009.

You must go to www.sunbiz.org to file your annual report.

Step One: Submit annual report filing online 24/7

- Click box to file the annual report.
(The Document # is found on the reverse side of this card.)
- Enter changes, if necessary, and type signature.

Step Two: Select payment option – Credit/Debit Card or Check

Option 1 – Pay online using credit or debit card. (Filing processed within 24 hours)

OR

Option 2 – Print barcoded payment page and mail with check or money order to Department of State. (Filing processed within 10-14 days of receipt)



www.fdle.state.fl.us

CR2E09S – 2nd 3/0

*New address
Please note*