


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2005 08:00 AM**  
**Secretary of State**


**DOCUMENT # F85377**  
 1. Entity Name  
**ARACELLY HAIR DESIGN, INC.**



Principal Place of Business  
**9519 W. FLAGLER STREET**  
**MIAMI, FL 33174-2012**

Mailing Address  
**9519 W. FLAGLER STREET**  
**MIAMI, FL 33174-2012**

**DO NOT WRITE IN THIS SPACE**



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2195627</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

5. Name and Address of Current Registered Agent

**MARTINEZ, ROLANDO**  
**9519 W. FLAGLER ST.**  
**MIAMI, FL 33174**

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6. 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 rehashing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

110000289503  
 04/06/05-80027-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MARTINEZ, ROLANDO 2930 SW 107 CT MIAMI, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: y Rolando Martinez 4/28/05  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #