


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 16, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F85377**

1. Entity Name  
**ARACELLY HAIR DESIGN, INC.**



Principal Place of Business      Mailing Address

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

**DO NOT WRITE IN THIS SPACE**



07182006      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For

**59-2195627**      Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 \_\_\_\_\_      U00000574491  
 \_\_\_\_\_      08/16/06-80004-003 150.00      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**  
**Due by September 6, 2006**

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          | PSTD              |
| NAME           | MARTINEZ, ROLANDO |
| STREET ADDRESS | 2930 SW 107 CT    |
| CITY-ST-ZIP    | MIAMI, FL         |
| TITLE          |                   |
| NAME           |                   |
| STREET ADDRESS |                   |
| CITY-ST-ZIP    |                   |
| 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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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:** *Rolando Martinez*      \_\_\_\_\_      Date      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR