

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J12546

FILED  
May 07, 2007  
Secretary of State

Entity Name: FRANKIE'S HAIR SALON, INC.

## Current Principal Place of Business:

116 CARITON ST  
WAUCHULA, FL 33873

## New Principal Place of Business:

116 CARLTON ST  
WAUCHULA, FL 33873

## Current Mailing Address:

CR. SWANEE ST. & 5TH AVE.  
P.O. BOX 41  
ZOLFOSPRINGS, FL 33890

## New Mailing Address:

PO BOX 41  
ZOLFOSPRINGS, FL 33890

FEI Number: 59-2696211

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VASQUEZ, FRANK  
116 CARLTON STREET  
WAUCHULA, FL 33873 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: VASQUEZ, FRANK,  
Address: 2330 HWY 17 SOUTH  
City-St-Zip: WAUCHULA, FL 33873

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK VASQUEZ

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05/07/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date