2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J41796

1. Entity Name
WAVE LENGTHS HAIR STUDIO, INC.

Principal Place of Business	Mailing Address
14953 GULF BLVD.	14953 GULF BLVD.
MADEIRA BCH., FL 33708 US	MADEIRA BCH., FL 33708 US

DO NOT WRITE IN THIS SPACE

01192007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3877282	Not Applicable

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

6. Name and Address of Current Registered Agent

PINIEWSKI-TAYLOR, JILL
14953 GULF BLVD
SAINT PETERSBURG, FL 33708

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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_____

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PINIEWSKI-TAYLOR, JILL
STREET ADDRESS	2215 DW VINN DELMAR BLVD
CITY-ST-ZIP	ST.PETERSBURG, FL
TITLE	V
NAME	PINIEWSKI, JOANNE
STREET ADDRESS	310 JULIA C.S.
CITY-ST-ZIP	ST.PETERSBURG BCH., FL

U00000697725
04/18/07-80051-018 150.00

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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: _Jill Piniewski-Taylor_   4/4/07   727-394-700✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #