2008 FOR PROFIT CORPORATION

Mar 31, 2008 8:00 am Secretary of State **ANNUAL REPORT** 03-31-2008 90014 015 ***150.00 DOCUMENT # J60239 THE HAIR STUDIO INTERNATIONAL, INC. 40054009 Principal Place of Business Mailing Address 4890 SOUTH KIRKMAN 4890 SOUTH KIRKMAN ORLANDO, FL 32811 ORLANDO, FL 32811 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 03262008 Applied For 4. FELNumber City & State City & State 59-2785231 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ERFANI, LISA Street Address (P.O. Box Number is Not Acceptable) 5272 ABELIA DRIVE ORLANDO, FL 32819 City 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 SIGNATURE Signature, typed or printed name of registered agent and talle it applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PT TITLE Change ☐ Addition TITLE ☐ Delete ERFANI, LISA NAME NAME 2358 BARONSMEDE COURT STREET ADDRESS 5272 ABELIA DR. STREET ADDRESS ORLANDO, FL 32819 CITY-ST-ZIP WINTER GARDEN, Fl. 34787 CHY-ST-ZIP Change TITLE ☐ Detete TITLE Addition EFRANI, JAMES J. NAME 2358 BARONSMEDE COURT 4890 S. KIRKMAN STREET ADDRESS STREET ADDRESS WINTER GARDEN, F1. 34787 CITY-ST-ZIP ORLANDO, FL 32819 CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-S1-ZIP

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.

TITLE NAME

NAME

TOLE

STREET ADDRESS CITY+ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

Delete

☐ Delete

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

Change

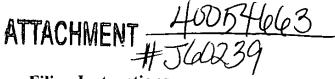
Change

Addition

Addition

Addition

FILED



Filing Instructions

HAIR STUDIO INTERNATIONAL, INC.

Form DR-405 - Florida Tangible Personal Property Tax Return

Taxable Year 2008

Date Due:

April 1, 2008

Remittance:

No payment is required with this return. The appraiser will bill as appropriate.

Mail To:

Honorable Bill Donegan

Orange County Property Appraiser 200 S. Orange Ave. Suite 1700

Orlando, FL 32801

Signature:

The return should be signed and dated on page 1 by an authorized officer of the

corporation.

Other:

Initial and date the copy, and retain it for your records.