

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2006 08:00 AM
Secretary of State

DOCUMENT # J73572 1. Entity Name MICHAEL HAIR & COMPANY	
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Principal Place of Business 1009 S. UNIVERSITY DRIVE PLANTATION, FL 33324	Mailing Address 1009 S. UNIVERSITY DRIVE PLANTATION, FL 33324
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DO NOT WRITE IN THIS SPACE



07172006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2807505	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAIARDI, MICHAEL
 1009 S. UNIVERSITY DR.
 FORT LAUDERDALE, FL 33324

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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 _____ (NOTE Registered Agent signature required when reinstating)

U00000573127
 08/02/06-80003-013-150.00

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 NAME STREET ADDRESS CITY-ST-ZIP	VP BAIARDI, MICHAEL 7129 W. BROWARD BLVD PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAIARDI, MYRNA 7129 W BROWARD BLVD PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: MICHAEL BAIARDI Date: 7/31/06

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