


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90100 038 ***150.00

DOCUMENT # J73572	
1. Entity Name MICHAEL HAIR & COMPANY	

Principal Place of Business 1009 S. UNIVERSITY DRIVE PLANTATION, FL 33324	Mailing Address 1009 S. UNIVERSITY DRIVE PLANTATION, FL 33324
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2. Principal Place of Business - No P.O. Box # 10000 NW 2 ST	3. Mailing Address 10000 NW 2 ST
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Plantation FL	City & State Plantation FL
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Zip 33324	Country	Zip 33324	Country
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40106201



02192007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2807505	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BAIARDI, MICHAEL 1009 S. UNIVERSITY DR. FORT LAUDERDALE, FL 33324	7. Name and Address of New Registered Agent Name Myrna Baiardi Street Address (P.O. Box Number is Not Acceptable) 10000 NW 2 ST City Plantation FL Zip Code 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) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BAIARDI, MICHAEL		NAME	
STREET ADDRESS 7129 W. BROWARD BLVD		STREET ADDRESS	
CITY-ST-ZIP PLANTATION, FL 33324		CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> Delete	TITLE P.D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BAIARDI, MYRNA		NAME	
STREET ADDRESS 7129 W. BROWARD BLVD		STREET ADDRESS 10000 NW 2 ST	
CITY-ST-ZIP PLANTATION, FL 33324		CITY-ST-ZIP Plantation, FL 33324	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-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 the empowered.

SIGNATURE: Myrna Baiardi Date: 2/19/07 Daytime Phone #: 954-472-3003