
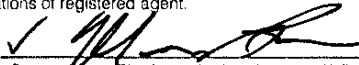
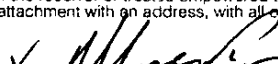


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2008 8:00 am
Secretary of State

02-05-2008 90007 036 ***150.00

DOCUMENT # J85225 1. Entity Name PACE CONTINENTAL HAIR DESIGN, INC.					
Principal Place of Business 1210-B LAFAYETTE STREET CAPE CORAL, FL 33904-6796			Mailing Address 1210-B LAFAYETTE STREET CAPE CORAL, FL 33904-6796		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2831240	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PACE, MARGARET T. 5137 DEL PRADO PARKWAY CAPE CORAL, FL 33904				7. Name and Address of New Registered Agent Name Margaret T. Pace Street Address (P.O. Box Number is Not Acceptable) 5137 Del Prado Blvd. S. City Cape Coral FL 33904	
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  President 1-22-08 <small>Signature and or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when re-registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PACE, MARGARET T. 5137 DEL PRADO PARKWAY CAPE CORAL, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Margaret T. Pace 5137 Del Prado Blvd. S. Cape Coral, FL 33904
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PACE, FRANCESCO 5137 DEL PRADO PARKWAY CAPE CORAL, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Francesco Pace 5137 Del Prado Blvd. S. Cape Coral, FL 33904
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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:  Margaret T Pace 1-22-08 239-549-7774 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					