

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90026 001 ***150.00

DOCUMENT # K02067 1. Entity Name L & G HAIR SALON, INC.			
Principal Place of Business 1652 SW 7 DR POMPANO BEACH, FL 33060 US		Mailing Address 1652 SW 7 DR POMPANO BEACH, FL 33060 US	
2. Principal Place of Business - No P.O. Box # 2905 MINNESOTA AV		3. Mailing Address S/A	
Suite, Apt. #, etc. APT G		Suite, Apt. #, etc. S/A	
City & State LYNN HAVEN, FL		City & State S/A	
Zip 32444		Zip S/A	
Country USA		Country S/A	
4. FEI Number 65-0020266		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAFRATO, L 1621 N.E. 40 CT OAKLAND PK, FL 33334		7. Name and Address of New Registered Agent Name LAFRATO, L Street Address (P.O. Box Number is Not Acceptable) 2905 MINNESOTA AV - G LYNN HAVEN City FL Zip Code 32444	
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 reappointing) 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAFRATO, LINDA 1652 SW 7 DR POMPANO BEACH, FL 33060	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES LINDA LAFRATO 2905 MINNESOTA AV APT G LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MULLIN, DANA 1652 SW 7 DR POMPANO BEACH, FL 33060	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. DANA MULLIN 2905 MINNESOTA AV APT G LYNN HAVEN, FL 32444
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
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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: LINDA LAFRATO		Date 3-22-07 Daytime Phone # 850 248-9320	