


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90053 020 \*\*\*150.00

**DOCUMENT # K38172**

1. Entity Name  
**SANTI'S HAIR INTERNATIONAL, INC.**



Principal Place of Business  
 11200 SW 8 ST GC 169  
 GC 1240  
 MIAMI, FL 33199

Mailing Address  
 9240 S.W. 19 STREET  
 MIAMI, FL 33165

40005601



2. Principal Place of Business - No P.O. Box #  
**11200 SW 8 ST**

3. Mailing Address  
 Suite, Apt. #, etc.  
**GC-1240**

01172007 Chg-P CR2E034 (12/06)

City & State  
**Miami FL**

City & State  
 City & State

Zip  
**33199** Country  
**U.S.A.**

4. FEI Number  
**65-0083308**

Applied For  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**RUIZ, SANTIAGO**  
**9240 S.W. 19 STREET**  
**MIAMI, FL 33165**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 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.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUIZ, SANTIAGO 9240 S.W. 19TH STREET MIAMI, FL 33165 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUIZ, NILDA L 9240 S.W. 19 STREET MIAMI, FL 33165 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUIZ, ISABEL 9240 SW 19 ST MIAMI, FL 33165 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EGERSHEIM, IRENE 9240 SW 19 ST MIAMI, FL 33165 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:  \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **01-18-07** Daytime Phone #: **305-595-0303**