2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State
03-29-2007 90178 033 ****50.00

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1. Entity Name
IVANA HAIR DESIGNS, LLC

Principal Place of Business	Mailing Address
6267 BUCKINGHAM ST SARASOTA, FL 34238	6267 BUCKINGHAM ST SARASOTA, FL 34238

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7950 Century Oak Dr.	7950 Century Oak Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, FL	City & State: Sarasota, FL
Zip: 34241 Country: USA	Zip: 34241 Country: USA

4. FEI Number: 71-0917621 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NAVAS, IVANA 6267 BUCKINGHAM ST SARASOTA, FL 34238	Name: Gorel, Les Street Address (P.O. Box Number is Not Acceptable): 7061 S. Tamiami Tr. City: Sarasota FL Zip Code: 34231

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: [signature] DATE: 3/27/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NAVAS, IVANA 6267 BUCKINGHAM ST SARASOTA, FL 34238	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Pospisil, Ivana 7950 Century Oak Dr. Sarasota, FL 34241	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Ivana Pospisil 3/26/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #