2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006
Secretary of State

DOCUMENT# L04000063427

Entity Name: THE NEW HAIR SOLUTIONS, LLC

Current Principal Place of Business:

7180 NORTH UNIVERSITY DRIVE
TAMARAC, FL 33321 US

New Principal Place of Business:

Current Mailing Address:

7180 NORTH UNIVERSITY DRIVE
TAMARAC, FL 33321 US

New Mailing Address:

FEI Number: 20-1550155 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHN, SCOTT E ESQ.
315 SE 7TH STREET
2ND FLOOR
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ACKERSON, CHARLES
Address: 19 NE 26TH STREET
City-St-Zip: WILTON MANORS, FL 33305 US

Title: MGRM ( ) Delete
Name: TURCHIN, LESTER
Address: 4503 WEST ATLANTIC BLVD., #1427
City-St-Zip: COCONUT CREEK, FL 33066 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: TURCHIN, LESTER
Address: 4105 WEST ATLANTIC BLVD, APT 314
City-St-Zip: COCONUT CREEK, FL 33066 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LESTER A TURCHIN PRES 04/06/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date