


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

01-09-2006 90050 032 \*\*\*\*\*50.00  
 L05000042330E  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 JAN 27 AM 10:01

**DOCUMENT # L05000042330**

1. Entity Name  
**DELANCEY STREET HAIR STUDIO LLC**



Principal Place of Business  
**2647 S W HAREM CIRCLE  
 PORT ST LUCIE, FL 34953**

Mailing Address  
**2647 S W HAREM CIRCLE  
 PORT ST LUCIE, FL 34953**

**20000119**



2. Principal Place of Business  
**602 SW Bayshore Blvd**

3. Mailing Address  
**4214 SW Jarmer Rd**

Suite, Apt. #, etc.

City & State  
**Port St Lucie FL**

City & State  
**Port St Lucie FL**

Zip  
**34953**

Country  
**St Lucie**

01052006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**36-4572802**

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**CATALANO, MANDIE N  
 6016 PEREGRINE AVE  
 ORLANDO, FL 32819**

7. Name and Address of New Registered Agent

Name  
**Randy M. Vidal Jr.**

Street Address (P.O. Box Number is Not Acceptable)  
**4214 SW Jarmer Rd.**

City  
**Port St Lucie**

State  
**FL**

Zip Code  
**34953**

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 *Randy Vidal Jr.* (NOTE: Registered Agent signature required when re-registering)

DATE 1/6/06

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CATALANO, FAYE E 2647 S W HAREM CIRCLE PORT ST LUCIE, FL 34953 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Vidal, Randy M. Jr. 4214 SW Jarmer Rd. Port St Lucie FL 34953 <input checked="" 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
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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: *Randy Vidal Jr.* Date 1/6/06 772-370-6801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE