

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90211 011 \*\*\*\*50.00

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| <b>DOCUMENT # L06000103259</b><br>1. Entity Name<br><b>VISAGE HAIR STUDIO, LLC</b>   |   |  |  |  |  |
| Principal Place of Business<br><b>15600 N.W. 2ND AVENUE<br/>MIAMI, FL 33141</b>  |   |  | Mailing Address<br><b>P.O. BOX 416346<br/>MIAMI, FL 33141</b>  |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.                |  |  |  |
| City & State   |   | City & State   |  |  |  |
| Zip  | Country   | Zip  | Country  | 4. FEI Number <b>20-5770157</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div> |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |  |  | <b>\$5.00</b> Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>GEDEON, NATIVIDAD V<br/>15600 N.W. 2ND AVENUE<br/>MIAMI, FL 33141</b>  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code         </span> |  |  |
| 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.<br>SIGNATURE <span style="float: right;">DATE</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |  |  |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |   | <b>Make check payable to<br/>Florida Department of State</b> |  |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |  | 10. ADDITIONS/CHANGES  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM<br/>GEDEON, NATIVIDAD V<br/>15600 N.W. 2ND AVENUE<br/>MIAMI, FL 33141</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM<br/>JOHN R. GIMENEZ<br/>P.O. BOX 416346<br/>MIAMI, FL 33141</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>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. |   |  |  |  |  |
| <b>SIGNATURE:</b>  |   |  | <b>VICE-PRESIDENT</b>  |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   |  | Date <b>03-07-07</b> (786) 317-6461  |  |  |