2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

Secretary of State DOCUMENT # L07291 1. Entity Name 03-23-2005 90042 015 ***150.00 COMPANY HAIR STUDIO, INC. Principal Place of Business Mailing Address 1520 BROADWAY 1520 BROADWAY FT MYERS, FL 33901 FT MYERS, FL 33901 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02252005 CR2E034 (10/03) Cha-P City & State City & State 4. FEI Number Applied For 59-2972087 Not Applicable Zip Country Ζίο Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name COOPER, JAMES FELIX 16094 ANTIGUE WAY Street Address (P.O. Box Number is Not Acceptable) BOKEELIA, FL 33922 City 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. SIGNATURÈ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PDTS** ☐ Delete BITLE ☐ Change ☐ Addition NAME COOPER, JAMES FELIX NAME 1520 BRAODWAY STE 106B STREET ADDRESS STREET ADDRESS FORT MYERS, FL 33901 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THRE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNING OFFICER OR DIRECTOR

3-18-05

239-277-1165

Daytime Phone #

FILED

Mar 23, 2005 8:00 am