2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2007 08:00 AM DOCUMENT # L96209 **Secretary of State** CARÉ FOR YOUR HAIR INC. Principal Place of Business Mailing Address 2912A S STATE RD 7 2912A S STATE RD 7 MIRAMAR, FL 33023 MIRAMAR, FL 33023 04042007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0222126 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ST. LUCE, ELVERNER DO NOT WRITE 15829 ASHBY FIELD RD. **DAVIE, FL 33331** IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME ST. LUCE, ELVERNER 15829 ASHBY FIELD RD. STREET ADDRESS CITY-ST-7IP DAVIE, FL U00000729343 05/08/07-80036-022 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with his filling does not qualify to the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report for the and accurate and that have 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 trusted of powered to execute this report is required by Chapter 607, Florida Statutes: and that my name appears in Block 10 or Block 11 in charged, or on an attachment with an address, with all other like empowered. y signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes: and that my name appears in Block 10 or Block 11 if

SIGNATURE:

NAME STREET ADDRESS CITY-ST-7IP