2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 29, 2008 08:00 AM Secretary of State DOCUMENT # M07155 1. Entity Name HAIR PROFILE CORPORATION Principal Place of Business Mailing Address 1888 S.W. 57 AVENUE MIAMI FL 33155 1888 S.W. 57 AVENUE MIAMI FL 33155 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-2460059 Not Applicable $Z_{\rm IP}$ Country Ζp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REYES, XIOMARA Street Address (P.O. Box Number is Not Acceptable) 10540 S.W. 66 TERRACE **MIAMI FL 33173** 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. 206-00 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TILLE Delete Change Addition NAME REYES, XIOMARA NAME 000000843249 03/11/08-80062-016 150.00 10540 S.W. 66 TERRACE STREET ADDRESS STREET ADDRESS MIAMI FL 33173 CITY ST-ZIP CITY-ST-ZIP TITLE ☐ Derete TITLE Change Addition . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-ZIF TITLE ☐ Deiete TITLE Change ☐ Add∗tion NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-719 CITY-ST-7IP MILE ☐ Dalete THEF Change M Addition MALI MAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP TITLE ☐ Deiete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TITLE Change ☐ Derete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath, 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.

FILED

2-26.08 8052646619