2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # M51643

1. Entity Name
FLASH HAIR, INC.

Principal Place of Business	Mailing Address
15106 SW 72ND ST	15106 SW 72ND ST
MIAMI, FL 33193	MIAMI, FL 33193

DO NOT WRITE IN THIS SPACE

1401332)

02092005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0026689	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ, ORLO
429 SW 102ND AVE
MIAMI, FL 33174

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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 _____ PRESIDENT   DATE 4/28/05

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS	
TITLE	DPVS	
NAME	PEREZ, ORLO	
STREET ADDRESS	429 SW 102ND AVE	
CITY-ST-ZIP	MIAMI, FL 33174	
TITLE	T	
NAME	PEREZ, ORLO	
STREET ADDRESS	429 SW 102ND AVE	
CITY-ST-ZIP	MIAMI, FL 33174	
TITLE		
NAME		
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CITY-ST-ZIP		

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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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #