## **2008 FOR PROFIT CORPORATION**

## FILED **ANNUAL REPORT** Apr 14, 2008 08:00 Al Secretary of State **DOCUMENT # M64583** 1. Entity Name MARTI'S HAIR DESIGNS INC. Principal Place of Business Mailing Address 5274 SW 90TH CT 5274 SW 90TH CT MIAMI, FL 33165 MIAMI, FL 33165 04102008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HILL, MARTHA L. DO NOT WRITE 5274 SW 90TH CT MIAMI, FL 33165 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, lyged or projed name of registered agent and trie if applicable (NOTE: Registered Agent signature required when rainstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 04724708-80026-020 150.00 TITLE: NAME HILL, MARTHA L. STREET ADDRESS 5274 SW 90TH CT CITY-ST-ZIP MIAMI, FL. 33165 nneNAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TETLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE

12. 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 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:

NAME STREET ADDRESS CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR