2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # M91010

1. Entity Name

WADE HAIR DESIGN, INC.

Principal Place of Business: % MICHELL A. SILVER & CO., P.O. BOX 22-3592, HOLLYWOOD FL 33022-3592

Mailing Address: % MICHELL A. SILVER & CO., P.O. BOX 22-3592, HOLLYWOOD FL 33022-3592

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt # etc. | Suite, Apt # etc.

City & State | City & State

Zip | Country | Zip | Country

1st MOORE CR2E034 (10/07)

4. FEI Number 22-2951201 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

CUCCHIARA, WADE M
5811 BAYVIEW DRIVE
FT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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.

SIGNATURE ______ DATE ______

NOTE: Registered Agent signature required when reinstating

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CUCCHIARA, WADE M.	NAME	
STREET ADDRESS	5811 BAYVIEW DR.	STREET ADDRESS	U00000899374
CITY-ST-ZIP	FT LAUDERDALE FL	CITY-ST-ZIP	04/28/08-80036-018 150.00
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CUCCHIARA, JANE M.	NAME	
STREET ADDRESS	5811 BAYVIEW DR.	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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		CITY-ST-ZIP	

12. I hereby 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 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: Wade Cucchiara, president 4/14/08 954-922-0886

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