


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90024 003 ***158.75

DOCUMENT # M92450	
1. Entity Name CAROL MARKS HAIR DESIGNERS, INC.	

Principal Place of Business C/O CAROL CELESTINO 1580 NW 2ND AVE #2 BOCA RATON, FL 33432 US	Mailing Address C/O CAROL CELESTINO 1580 NW 2ND AVE #2 BOCA RATON, FL 33432 US
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2. Principal Place of Business <i>C/O CAROL CELESTINO</i>	3. Mailing Address <i>C/O CAROL CELESTINO</i>
Suite, Apt. #, etc. <i>3350 NW BOCA RATON BLVD #320</i>	Suite, Apt. #, etc. <i>23246 L'ERMITAGE CIR</i>
City & State <i>BOCA RATON, FLORIDA</i>	City & State <i>BOCA RATON, FLORIDA</i>
Zip <i>33433</i>	Country <i>USA</i>



01112006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0064650	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CELESTINO, CAROL 23246 L'ERMITAGE CIR. BOCA RATON, FL 33432 <i>33433</i>	
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CELESTINO, CAROL 23246 L'ERMITAGE CIR. BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Carol Celestino 1-17-06