

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Dec 12, 2005
Secretary of State

DOCUMENT# N03000009924

Entity Name: HAIR STYLISTS FOR HUMANITY, INCORPORATED**Current Principal Place of Business:**2720 S. OAKLAND FOREST DRIVE
704
OAKLAND PARK, FL 33009**New Principal Place of Business:****Current Mailing Address:**2720 S. OAKLAND FOREST DRIVE
704
OAKLAND PARK, FL 33009**New Mailing Address:****FEI Number:** 57-1195845**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BETTO, MAURIZIO
2720 S. OAKLAND FOREST DRIVE
704
OAKLAND PARK, FL 33009 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T (X) Delete
Name: RICCI, LORENA
Address: 2720 S. OAKLAND FOREST DRIVE #704
City-St-Zip: OAKLAND PARK, FL 33309

Title: ED () Delete
Name: BETTO, MAURIZIO
Address: 2720 S. OAKLAND FOREST DR #704
City-St-Zip: OAKLAND PARK, FL 33309

Title: S () Delete
Name: DIAZ, GINA
Address: 2720 S. OAKLAND FOREST DR #704
City-St-Zip: OAKLAND PARK, FL 33309

Title: D (X) Delete
Name: AMAYA, MAGGIE
Address: 2720 S. OAKLAND FOREST DR #704
City-St-Zip: OAKLAND PARK, FL 33309

Title: D (X) Delete
Name: PERRON, GAIL
Address: 2720 S. OAKLAND FOREST DR #704
City-St-Zip: OAKLAND PARK, FL 33309

Title: D () Delete
Name: LUDWICZAK, THOMAS
Address: 2720 S. OAKLAND FOREST DR # 704
City-St-Zip: OAKLAND PARK, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BETTO, MAURIZIO
Address: 2720 S. OAKLAND FOREST DR #704
City-St-Zip: OAKLAND PARK, FL 33309

Title: D (X) Change () Addition
Name: DIAZ, GINA
Address: 2720 S. OAKLAND FOREST DR #704
City-St-Zip: OAKLAND PARK, FL 33309

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAURIZIO BETTO

D

12/12/2005

Electronic Signature of Signing Officer or Director

Date