

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90311 028 ****61.25

DOCUMENT # N03000009924

1. Entity Name
HAIR STYLISTS FOR HUMANITY, INCORPORATED



Principal Place of Business
**2720 S. OAKLAND FOREST DRIVE
704
OAKLAND PARK, FL 33009**

Mailing Address
**2720 S. OAKLAND FOREST DRIVE
704
OAKLAND PARK, FL 33009**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04102006

Chg-NP

CR2E037 (11/05)

4. FEI Number
57-1195845

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BETTO, MAURIZIO
2720 S. OAKLAND FOREST DRIVE
704
OAKLAND PARK, FL 33009**

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 re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **BETTO, MAURIZIO**
STREET ADDRESS **2720 S. OAKLAND FOREST DR #704**
CITY-ST-ZIP **OAKLAND PARK, FL 33309**

TITLE **P, President; D, Director** ☒ Change ☐ Addition
NAME **BETTO, MAURIZIO**
STREET ADDRESS **2720 S. Oakland Forest Dr #704**
CITY-ST-ZIP **Oakland PK, FL 33309**

TITLE **D** ☐ Delete
NAME **DIAZ, GINA**
STREET ADDRESS **2720 S. OAKLAND FOREST DR #704**
CITY-ST-ZIP **OAKLAND PARK, FL 33309**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **LUDWICZAK, THOMAS**
STREET ADDRESS **2720 S. OAKLAND FOREST DR # 704**
CITY-ST-ZIP **OAKLAND PARK, FL 33309**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Rolando Barrios** ☐ Change ☒ Addition
NAME **2720 S. Oakland Forest Dr #704**
STREET ADDRESS **Oakland PK, FL 33309**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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:

MAURIZIO BETTO

4/10/06

305-742-6538

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #