

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000034034																					
1. Entity Name JOYCE HAIR SUPPLIES, INC.																					
Principal Place of Business 1469 NW 40TH AVENUE LAUDERHILL, FL 33313			Mailing Address 1469 NW 40TH AVENUE LAUDERHILL, FL 33313																		
2. Principal Place of Business			3. Mailing Address																		
Suite, Apt. #, etc.			Suite, Apt. #, etc.																		
City & State			City & State																		
Zip		Country		Zip																	
Country		Country		Country																	
4. FEI Number 65-1000065																					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																					
6. Name and Address of Current Registered Agent																					
PARK, JONG K 5500 WASHINGTON STREET C313 HOLLYWOOD, FL 33021																					
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 <u>OK SA</u> (NOTE: Registered Agent signature required when re-registering)																					
DATE <u>4-28-06</u>																					
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																					
10. OFFICERS AND DIRECTORS																					
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																					
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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: <u>OK SA</u>																					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																					
DATE <u>4-28-2006</u>																					
City/State/Phone #																					