2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000055132

1. Entity Name
ANGELA'S HAIR STUDIO INC.

Principal Place of Business

8525 REGENCY PK BLVD
PORT RICHEY, FL 34667

Mailing Address

15518 COBBLESTONE DRIVE
BAYONET POINT, FL 34667

DO NOT WRITE IN THIS SPACE

07052006   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-3679187		Not Applicable

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

6. Name and Address of Current Registered Agent

ESPOSITO, ANGELA J
12518 COBBLESTONE DR
HUDSON, FL 34667

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IN THIS SPACE

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
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.   OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	ESPOSITO, ANGELA J
STREET ADDRESS	15518 COBBLESTONE DRIVE
CITY-ST-ZIP	BAYONET POINT, FL 34667

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

200079731242
09/12/06--01062--022   **150.00

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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: _____ Angela J Esposito _____ 8/24/06   727-815-1614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #