


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 28, 2008 8:00 am**  
**Secretary of State**

05-28-2008 90010 029 \*\*\*150.00

DOCUMENT # P0000061905			
1. Entity Name VOGUE HAUTE COIFFURE, CORP.			
Principal Place of Business 19380 COLLINS AVE APT 309-B SUNNY ISLAND, FL 33160		Mailing Address 19380 COLLINS AVE APT 309-B SUNNY ISLAND, FL 33160	
2. Principal Place of Business - No P.O. Box # <i>1111 Kane Concourse</i>		3. Mailing Address <i>1111 Kane Concourse</i>	
Suite, Apt. #, etc. <i>Ste #150</i>		Suite, Apt. #, etc. <i>Ste #150</i>	
City & State <i>Day Harbour, FL</i>		City & State <i>Day Harbour, FL</i>	
Zip <i>33154</i>		Zip <i>33154</i>	
Country		Country	
4. FEI Number 65-1019148		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARGOTE MUNOZ, MARIANO 19380 COLLINS AVE 309-B SUNNY ISLAND, FL 33160		7. Name and Address of New Registered Agent Name <i>Argote Muñoz, Mariano</i> Street Address (P.O. Box Number is Not Acceptable) <i>1111 Kane Concourse Ste #150</i> City <i>Day Harbour FL</i> Zip Code <i>33154</i>	
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 <i>[Signature]</i>		DATE	
Signature typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARGOTE MUNOZ, MARIANO 19380 COLLINS AVE #309-B SUNNY ISLAND, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <i>Argote Muñoz, Mariano</i> <i>1111 Kane Concourse Ste #150</i> <i>Day Harbour, FL - 33154</i> <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: <i>[Signature]</i>		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	