


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Jan 29, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # P01000053214</b> 1. Entity Name <b>JD'S HAIR DESIGN, INC.</b>			
Principal Place of Business <b>2595 N MILITARY TRAIL WEST PALM BEACH FL 33409</b>		Mailing Address <b>424 GALE PL WEST PALM BEACH FL 33409</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>MILTON, DAPHNE L 424 GALE PLACE WEST PALM BEACH FL 33409</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 _____ <small>Signature, typed or printed name of registered agent and title, applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reconstituting)</small>	



1st MOORE CR2E034 (10/06)

4. FEI Number **65-1143161**  Applied For  
 Not Applicable

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11/07	
TITLE NAME STREET ADDRESS CITY ST ZIP	P <input type="checkbox"/> Delete <b>MILTON, DAPHNE 424 GALE PLACE WEST PALM BEACH FL 33409</b>	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add <b>000000609609 02/01/07-80057-003 150.00</b>
TITLE NAME STREET ADDRESS CITY ST ZIP	V <input type="checkbox"/> Delete <b>MILTON, NEVILLE 424 GALE PLACE WEST PALM BEACH FL 33409</b>	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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"/> Add
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *[Signature]* 1-24-07 561 47827  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #