

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000071745

FILED  
Jun 30, 2005  
Secretary of State

Entity Name: FEKE DESIGNER WIGS & HAIR EXTENSIONS, INC.

## Current Principal Place of Business:

16262 CAYUGA CIRCLE  
DAVIE, FL 33331

## New Principal Place of Business:

6000 GLADES RD  
K-22  
BOCA RATON, FL 33431

## Current Mailing Address:

16262 CAYUGA CIRCLE  
DAVIE, FL 33331

## New Mailing Address:

12685 W SUNRISE BLVD.  
SUNRISE, FL 33323

FEI Number: 65-1123323

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FEKE, VERNA  
16262 CAYUGA CIRCLE  
DAVIE, FL 33331 US

## Name and Address of New Registered Agent:

LORETTA FABRICANT, CPA  
100 SE 2ND ST.  
MIAMI, FL 33131 US

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.

SIGNATURE: VERNA FEKE

06/30/2005

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: FEKE, VERNA  
Address: 16262 CAYUGA CIRCLE  
City-St-Zip: DAVIE, FL 33331

Title: VPD ( ) Delete  
Name: FEKE, VERNA  
Address: 16262 CAYUGA CIRCLE  
City-St-Zip: DAVIE, FL 33331

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: FEKE, VERNA  
Address: 16262 CAYUGA CIRCLE  
City-St-Zip: DAVIE, FL 33331

Title: VPD (X) Change ( ) Addition  
Name: FEKE, BECKY  
Address: 16262 CAYUGA CIRCLE  
City-St-Zip: DAVIE, FL 33331

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VERNA FEKE

PRES

06/30/2005

Electronic Signature of Signing Officer or Director

Date