

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000071745

FILED
Mar 25, 2008
Secretary of State

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

Current Principal Place of Business:

6000 GLADES RD
K-22
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

12685 W. SUNRISE BLVD.
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 65-1123323

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEKE, BECKY J OWNER
12685 W. SUNRISE
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: FEKE, VERA
Address: 12685 WEST SUNRISE BLVD
City-St-Zip: SUNRISE, FL 33323

Title: VPD (X) Change () Addition
Name: FEKE, BECKY
Address: 12685 WEST SUNRISE BLVD
City-St-Zip: SUNRISE, FL 33323

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BECKY FEKE

VPD

03/25/2008

Electronic Signature of Signing Officer or Director

Date