

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000111134

1. Entity Name
THE PLACE HAIR SALON, INC.



Principal Place of Business
**1582 SE 3RD CT.
DEERFIELD BEACH, FL 33441**

Mailing Address
**1582 SE 3RD CT.
DEERFIELD BEACH, FL 33441**



01232006 No Chg-P CR2ED34 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 65-1155129 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**WALLACE, MADELINE
1582 SE 3RD CT.
DEERFIELD BEACH, FL 33441**

**DO NOT WRITE
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 renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------|
| TITLE | PS |
| NAME | WALLACE, MADELINE SUE |
| STREET ADDRESS | 620 NE 19TH AVENUE |
| CITY-ST-ZIP | DEERFIELD BEACH, FL 33441 |

| | |
|----------------|-------------------------|
| TITLE | VPT |
| NAME | MACKU, JENNIFER |
| STREET ADDRESS | 591 SE 5TH TERRACE |
| CITY-ST-ZIP | POMPANO BEACH, FL 33060 |

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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/06
1/27/06 9544277127
Date Daytime Phone #