2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State
01-12-2006 90187 036 ***150.00

DOCUMENT # P02000007139

1. Entity Name
MANE STREET HAIR CO.

Principal Place of Business
4603 OKEECHOBEE BLVD
WEST PALM BEACH, FL 33417

Mailing Address
4603 OKEECHOBEE BLVD
WEST PALM BEACH, FL 33417

01092006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 90-0003655 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PENAGOS, JAIRO	Name
~~2100 SPRINGDALE BLVD APT Y105~~	Street Address (P.O. Box Number is Not Acceptable) 316 N PALM VILLAS WAY
~~PALM SPRINGS, FL 33461~~	City PALM SPRINGS FL 33461

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] JAIRO PENAGOS PD

Signature, typed or printed name of registered agent and title if applicable — 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD PENAGOS, JAIRO ~~2100 SPRINGDALE BLVD APT Y105~~ ~~PALM SPRINGS, FL 33461~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☒ Change ☐ Addition 316 N PALM VILLAS WAY PALM SPRINGS FL 33461
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ 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: [signature] JAIRO PENAGOS 1/8/06 (561) 966-2604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #