2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State

04-24-2006 90347 018 ***115.00
05-16-2006 90021 021 ****35.00

DOCUMENT # P02000016719

1. Entity Name
RODA HAIR DESIGN, INC.

Principal Place of Business	Mailing Address
8591 NW 186TH STE 121 HIALEAH, FL 33015	8591 NW 186TH STE 121 HIALEAH, FL 33015

04122006 Chg-P CR2E034 (11/05)

2. Principal Place of Business: 18400 NW 75 PlACE.		3. Mailing Address: 18400 NW 75 PlACE	
Suite, Apt. #, etc.: # 111.		Suite, Apt. #, etc.: # 111.	
City & State: Miami - FL.		City & State: Miami - FL.	
Zip: 33015	Country: DADE.	Zip: 33015.	Country: DADE.

4. FEI Number: 81-0600353 ☐ 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
SANTANA, FRANCIS X ESQ 8591 NW 186TH 121 HIALEAH, FL 33015	Name: ODA FERNANDEZ. Street Address (P.O. Box Number Is Not Acceptable): 18400 NW 75 PlACE # 111 City: Miami FL Zip Code: 33015.

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	VP RAMIREZ, ROBERT B 8591 NW 186TH ST 121 HIALEAH, FL 33015	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERNANDEZ, ODA 8591 NW 186TH ST. 121 HIALEAH, FL 33015	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: O Fernandez 04/24/06 305 3642021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #