


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000065180
1. Entity Name
MARISLEYSIS HAIR DESIGN, INC.



Principal Place of Business Mailing Address
7383 SW 8TH ST. 7383 SW 8TH ST.
MIAMI, FL 33144 MIAMI, FL 33144

DO NOT WRITE IN THIS SPACE



01272008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
01-0721569 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLUMSTEIN, MARK I
4040 SHERIDAN ST.
HOLLYWOOD, FL 33021

**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 _____ 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

U00000431675
02/23/06-80097-017 150.00

10. OFFICERS AND DIRECTORS:

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, MARISLEYSIS 7383 SW 8TH ST. MIAMI, FL 33144
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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: *Marisleyis Gonzalez* 2/2/06 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR