2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 14, 2005 8:00 am Secretary of State

Principal Place of Business 7.248 WATUNITC BLYD MARCATE, FL 33063	DOCUMENT # P02000101122 1. Entity Name JJ'S HAIR, INC.						03-14-2005 90113 036 ***150.00				
7.48 W ATLANTIC BLVD MARCATE, FL 33063 2. Pricincipal Place of Business Suite, April 4. etc. Suite, April 4	Principal Place of Business Mailing Address					- 12	,		/ EGD3C3	PE.	
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County	City & Stat	e	City & State	City & State							
BARBA JOANNE 2855 NW 69 AVE MARGATE, FL 33083 8. The above named entity submits this statement for the purpose of changing its registered Agent speaker (P.O. Box Number is Not Acceptable) FL	Zip	Country	Zip	Coun	try						
BARRA, JOANNE 2855 NW 69 A VE MARGATE, FL 33063 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am amiliar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS OITY-S1-29 OITY-S1-		6. Name and Address of Currer	nt Registered Agent			-	7. Name and	Address of New F		,	
Sire Addition Sire Add					Name						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signatu	2855 NW 69 AVE				Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signatu								- ·			
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After May 1, 2005 Fee will be \$\$50.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE MAME SIREET ADDRESS CITY-ST-2IP TITLE MAME SIRET ADDRESS CITY-ST-2IP TITLE MAME SIRET ADDRESS CITY-ST-2IP TITLE MAME SIRET											
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _

MONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-05 954-979-35-39
Date Dayline Phone #