


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90032 045 \*\*\*150.00

<b>DOCUMENT # P03000088993</b>	
1. Entity Name <b>REGINA'S HAIRMASTERS, INC.</b>	

Principal Place of Business <b>2400 S. RIDGEWOOD AVE. 27 S. DAYTONA, FL 32119 US</b>	Mailing Address <b>2400 S. RIDGEWOOD AVE. 27 S. DAYTONA, FL 32119 US</b>
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2. Principal Place of Business - No P.O. Box # <b>3500 Nova Road</b>	3. Mailing Address <b>3500 Nova Road</b>
Suite, Apt. #, etc. <b>D</b>	Suite, Apt. #, etc. <b>D</b>
City & State <b>Pt. Orange, FL.</b>	City & State <b>Pt. Orange, FL.</b>
Zip <b>32129</b>	Country <b>U.S.A.</b>



03032007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>NELUBOVICH, REGINA 2400 S. RIDGEWOOD AVE 27 S. DAYTONA, FL 32119</b>	7. Name and Address of New Registered Agent Name <b>Nelubovich, Regina</b> Street Address (P.O. Box Number is Not Acceptable) <b>3500 Nova Road</b> <b>D</b> City <b>Pt. Orange</b> FL Zip Code <b>32129</b>
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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: *Regina M. Nelubovich* DATE: *March 13, 2007*

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P NELUBOVICH, REGINA 2400 S. RIDGEWOOD AVE, SUITE 27 S. DAYTONA, FL 32119</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Nelubovich, Regina 3500 - D Nova Road Pt. Orange, FL 32129</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Regina M. Nelubovich* DATE: *March 13, 2007* (386) 760-0805

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

**REGINA M. NELUBOVICH**