

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90349 025 \*\*\*150.00

DOCUMENT # P03000108234



1. Entity Name  
**K&M HAIR REVOLUTION, INC.**

Principal Place of Business      Mailing Address  
**231 S.W. 116TH AVE #108**      **231 S.W. 116TH AVE #108**  
**PEMBROKE PINES, FL 33025**      **US**      **PEMBROKE PINES, FL 33025**      **US**



2. Principal Place of Business      3. Mailing Address  
**15925 NW 49TH AVE**      **15925 NW 49TH AVE**  
**HIALEAH FL 33014**      **HIALEAH FL 33014**

03C 32006      Chg-P      CR2E034 (11/05)

4. F B Number      Applied For  
**52-2402860**       Not Applicable

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

Zip      Country      Zip      Country  
**33014**      **Fla**      **33014**      **Fla**

6. Name and Address of Current Registered Agent  
**EL-KHATIB, ZAHER M**  
**231 S.W. 116TH AVE #108**  
**PEMBROKE PINES, FL 33025**

7. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City      **FL**      Zip Code \_\_\_\_\_

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when changing office)      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 <b>P</b>	NAME <b>EL-KHATIB, ZAHER M</b>	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>231 S.W. 116TH AVE #108</b>	CITY-ST-ZIP <b>PEMBROKE PINES, FL 33025</b>	STREET ADDRESS <b>18810 NW 22ND ST</b>	
		CITY-ST-ZIP <b>PEMBROKE PINES FL 33029</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VP</b>	NAME <b>HASSAN, AZZAM</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>11956 SW 97TH STREET</b>	CITY-ST-ZIP <b>MIAMI, FL 33186</b>	STREET ADDRESS	
		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 affidavit, with all other like empowered.

SIGNATURE: *Zaher M. El-Khatib*      **Zaher M. El-Khatib**      **3/12/06**      **286-554-3020**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE      Telephone #