

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000143434

FILED  
Jul 27, 2006  
Secretary of State

Entity Name: GGV PROFESSIONAL HAIR PRODUCTS, INC.

**Current Principal Place of Business:**

6140 EDGEWATER DRIVE, UNIT C  
ORLANDO, FL 32810 US

**New Principal Place of Business:**

**Current Mailing Address:**

6140 EDGEWATER DRIVE, UNIT C  
ORLANDO, FL 32810 US

**New Mailing Address:**

FEI Number: 20-0435228

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MELENDEZ, MICHAEL  
20795 SW 129 PL  
MIAMI, FL 33177 US

**Name and Address of New Registered Agent:**

MELENDEZ VEGA, LLC  
9010 SW 137TH AVE  
SUITE 225  
MIAMI, FL 33186 US

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.

SIGNATURE: MICHAEL MELENDEZ

07/27/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GARCIA, GERMAN  
Address: 620 NORTH INDIGO ROAD  
City-St-Zip: ALTAMONTE SPRING, FL 32714 US

Title: VP ( ) Delete  
Name: GARCIA, CARMEN  
Address: 620 NORTH INDIGO ROAD  
City-St-Zip: ALTAMONTE SPRING, FL 32714 US

Title: T ( ) Delete  
Name: GARCIA, DOMINGO A  
Address: 620 NORTH INDIGO ROAD  
City-St-Zip: ALTAMONTE SPRING, FL 32714 US

Title: S ( ) Delete  
Name: GARCIA, GERMI E  
Address: 620 NORTH INDIGO ROAD  
City-St-Zip: ALTAMONTE SPRING, FL 32714 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERMAN GARCIA

P

07/27/2006

Electronic Signature of Signing Officer or Director

Date