

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90014 043 ***150.00

DOCUMENT # P03000152904

1. Entity Name
EXCLUSIVELY YOURS HAIR & NAIL DESIGN, INC



Principal Place of Business
**1164 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH, FL 33411**

Mailing Address
**1164 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH, FL 33411**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02202007 Chg-P CR2E034 (12/06)

4. FEI Number
20-0498529

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FAIRCLOUGH, MICHAEL J
11380 PROSPERITY FARMS RD., STE. 112
PALM BEACH GARDENS, FL 33410**

Name **CU, MAI**
Street Address (P.O. Box Number is Not Acceptable)
12405 82ND LANE NORTH

City **WEST PALM BEACH** **FL** Zip Code **33412**

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 *Michael J Fairclough* (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 **P** ☐ Delete
NAME **THI CU, MAI**
STREET ADDRESS **104 COUNTRY CLUB WAY**
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE **P** ☒ Change ☐ Addition
NAME **CU, MAI THI**
STREET ADDRESS **12405 82ND LANE NORTH**
CITY-ST-ZIP **WEST PALM BEACH, FL 33412**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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: *Michael J Fairclough* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #