

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000153787

Entity Name: TAMPA HAIR, INC.

FILED  
Apr 27, 2006  
Secretary of State

**Current Principal Place of Business:**

3615 WEST HILLSBOROUGH AVE.  
TAMPA, FL 33614 US

**New Principal Place of Business:**

**Current Mailing Address:**

3615 WEST HILLSBOROUGH AVE.  
TAMPA, FL 33614 US

**New Mailing Address:**

FEI Number: 20-3488056      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WATKINS, CARL T  
5103 MEMORIAL HIGHWAY  
TAMPA, FL 33634 US

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

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:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BARRANTES, DIMAS  
Address: 4405 GOLFWOOD BLVD.  
City-St-Zip: TAMPA, FL 33634 US

Title: VP ( ) Delete  
Name: BARRANTES, BELKIS  
Address: 4405 GOLFWOOD BLVD.  
City-St-Zip: TAMPA, FL 33634 US

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

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 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: CARL T. WATKINS

CPA

04/27/2006

Electronic Signature of Signing Officer or Director

Date