

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 12, 2006 8:00 am**  
**Secretary of State**

09-12-2006 90011 010 \*\*\*158.75

<b>DOCUMENT # P04000023479</b> 1. Entity Name <b>DP HAIR EXQUISITE INC.</b>																											
Principal Place of Business <b>8882 NW 7 AVE</b> <b>MIAMI, FL 33150</b>		Mailing Address <b>8882 NW 7 AVE</b> <b>MIAMI, FL 33150</b>																									
2. Principal Place of Business <b>6016 N.W. 7 AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>6016 N.W. 7 AVE</b> Suite, Apt. #, etc.																									
City & State <b>MIAMI, FL 33150</b> Zip <b>33150</b> Country		City & State <b>MIAMI, FL 33150</b> Zip <b>33150</b> Country																									
4. FEI Number <b>77-0623198</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		08292006 Chg-P CR2E034 (11/05)																									
6. Name and Address of Current Registered Agent  <b>KEMP, LAURA</b> <b>8882 NW 7 AVE</b> <b>MIAMI, FL 33150</b>		7. Name and Address of New Registered Agent Name <b>Kemp, Laura</b> Street Address (P.O. Box Number is Not Acceptable) <b>6016 N.W. 7 AVE</b> City <b>MIAMI</b> FL Zip Code <b>33150</b>																									
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 <u><i>Laura Kemp</i></u> DATE <u>9/6/06</u> <small>Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P KEMP, LAURA</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">8882 NW 7 AVE</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="2">MIAMI, FL 33150</td> </tr> </table>		TITLE	P KEMP, LAURA	<input type="checkbox"/> Delete	NAME			STREET ADDRESS	8882 NW 7 AVE		CITY - ST - ZIP	MIAMI, FL 33150		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P Kemp, Laura</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">6016 N.W. 7 AVE</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="2">MIAMI, FL 33150</td> </tr> </table>		TITLE	P Kemp, Laura	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	6016 N.W. 7 AVE		CITY - ST - ZIP	MIAMI, FL 33150	
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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: <u><i>Laura Kemp</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>9/6/06</u> Daytime Phone # <u>305-467-3630</u>																									

ATTACHMENT

60038803

# P04000023479

9/6/06

To Whom it may concern.  
I Laura Kemp Owner  
of OP Hair Exquisite has  
relocated at 6016 N.W. 7<sup>th</sup> Ave.

Due to relocation of business  
I did not receive the  
corporation annual report  
so can you please waive  
the late fee for corporation  
renewal.

Thank You / 305-467-3630 <sup>contact</sup>

Laura Kemp