

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000028522

**FILED**  
**Apr 25, 2006**  
**Secretary of State**

**Entity Name:** IRENE'S HAIR DESIGN AND BEAUTY PRODUCTS, INC.

**Current Principal Place of Business:**

3591 N ANDREWS AVE  
OAKLAND PARK, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

3591 N ANDREWS AVE  
OAKLAND PARK, FL 33309

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

VICTOR, IRENE  
272 NW 113 AVE  
CORAL SPRINGS, FL 330763007 US

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

VICTOR, IRENE  
5272 NW 113 AVE  
CORAL SPRINGS, FL 330763007 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: IRENE VICTOR

04/25/2006

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: VICTOR, IRENE  
Address: 5272 NW 113 AVE  
City-St-Zip: CORAL SPRINGS, FL 330763007

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

Title: OWNE (X) Change ( ) Addition  
Name: VICTOR, IRENE  
Address: 5272 NW 113 AVE  
City-St-Zip: CORAL SPRINGS, FL 330763007

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: OWNER/ IRENE VICTOR

OWNE

04/25/2006

Electronic Signature of Signing Officer or Director

Date