


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000041565 1. Entity Name ADRIAN'S HAIRLOSS CENTER, INC.	
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Principal Place of Business 1920 E. OAKLAND PARK BLVD FT. LAUDERDALE, FL 33306	Mailing Address P.O. BOX 939 WAITSFIELD, VT 05673
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02232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-3113487	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BENJAMIN, NANCY-JOYCE
9280 NW 21ST MANOR
SUNRISE, FL 33322

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1000000552012
05/13/06-80121-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BENJAMIN JR., LEO
STREET ADDRESS	9280 NW 21ST MANOR
CITY-ST-ZIP	SUNRISE, FL 33322
TITLE	VP
NAME	BENJAMIN, SR, LEO
STREET ADDRESS	301 GLENVIEW ROAD
CITY-ST-ZIP	FAYSTON, VT 05673
TITLE	S
NAME	BENJAMIN, ARLENE
STREET ADDRESS	9280 NW 21ST MANOR
CITY-ST-ZIP	SUNRISE, FL 33322
TITLE	T
NAME	BENJAMIN, NANCY-JOYCE
STREET ADDRESS	9280 NW 21ST MANOR
CITY-ST-ZIP	SURISE, FL 33322
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **3/2/06** **802-496-5830**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #