


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000045568 1. Entity Name MEOSHE'S HAIR & NAILS INC	
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Principal Place of Business 1280 SOUTH POWERLINE ROAD 3 POMPANO BEACH, FL 33309	Mailing Address 1280 SOUTH POWERLINE ROAD 3 POMPANO BEACH, FL 33309
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DO NOT WRITE IN THIS SPACE



08312006 No Chg-P CR2E034 (11/05)

4. FEI Number 76-0807931	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ERANS, MEOSHIE 3900 NW 21ST AVENUE OAKLAND PARK, FL 33309

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EVANS, MEOSHIE 3900 NW 21ST AVENUE OAKLAND PARK, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRAZIER, DESIE 2900 NW 21ST AVENUE OAKLAND PARK, FL 33309
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09/05/06-80009-020 550.00

**DO NOT WRITE
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	9-04-06 <small>Date</small>	(954) 743-7827 <small>Daytime Phone #</small>
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