

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000056539

FILED
Apr 11, 2006
Secretary of State

Entity Name: THE HAIR STUDIO OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

1803 1/2 E. SAMPLE RD.
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

1803 1/2 E. SAMPLE RD.
POMPANO BEACH, FL 33064

New Mailing Address:

FEI Number: 20-0909539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEARSON, DARLENE A
1803 1/2 E. SAMPLE ROAD
POMPANO BEACH, FL 33064 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: PEARSON, DARLENE
Address: 1971 NE 31 COURT
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PEARSON, DARLENE A
Address: 3525 PALLADIAN CIRCLE
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VP () Change (X) Addition
Name: GIRARD, ANTHONY S
Address: PO BOX 9388
City-St-Zip: DENVER, CO 80209

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: DARLENE A PEARSON

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04/11/2006

Electronic Signature of Signing Officer or Director

_____ Date