

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000084915

FILED  
Jul 28, 2005  
Secretary of State

Entity Name: ANGELIQUE'S HAIR DESIGN, INC.

## Current Principal Place of Business:

10790 N. PRESERVE WAY  
APT. #207  
MIRAMAR, FL 33025

## New Principal Place of Business:

3595 WEST 20 AVENUE  
105  
HIALEAH, FL 33012

## Current Mailing Address:

10790 N. PRESERVE WAY  
APT. #207  
MIRAMAR, FL 33025

## New Mailing Address:

3595 WEST 20 AVENUE  
105  
HIALEAH, FL 33012

FEI Number: 71-0968131

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LOISEAU, FRANCEJOLI C  
10790 N. PRESERVE WAY  
APT. #207  
MIRAMAR, FL 33025 US

## Name and Address of New Registered Agent:

LOISEAU, FRANCEJOLI C  
3595 WEST 20 AVENUE  
105  
HIALEAH, FL 33012 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: FRANCEJOLI C LOISEAU

07/28/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LOISEAU, FRANCEJOLI C  
Address: 10790 N. PRESERVE WAY APT. #207  
City-St-Zip: MIRAMAR, FL 33025

Title: VP (X) Delete  
Name: MARRERO, DIEGO  
Address: 10790 N. PRESERVE WAY APT. #207  
City-St-Zip: MIRAMAR, FL 33025

Title: SEC (X) Delete  
Name: DOUGLAS, JOSEFINA  
Address: 10790 N. PRESERVE WAY APT. #207  
City-St-Zip: MIRAMAR, FL 33025

Title: TRE (X) Delete  
Name: MURO, RAFAEL  
Address: 10790 N. PRESERVE WAY APT. #207  
City-St-Zip: MIRAMAR, FL 33025

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LOISEAU, FRANCEJOLI C  
Address: 2637 UTOPIA DRIVE  
City-St-Zip: MIRAMAR, FL 33023

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: FRANCEJOLI C LOISEAU

P

07/28/2005

Electronic Signature of Signing Officer or Director

Date