

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90127 043 ***150.00

DOCUMENT # P04000093735

1. Entity Name
ALEJANDRO DE SANTIAGO HAIR SALON, INC.



Principal Place of Business Mailing Address

~~671 WEST 50TH STREET~~ ~~671 WEST 50TH STREET~~
~~HIALEAH, FL 33012~~ ~~HIALEAH, FL 33012~~

50029808



2. Principal Place of Business 3. Mailing Address

2400 S.W. 82 Place *2400 S.W. 82 Place*

Suite, Apt. #, etc. Suite, Apt. #, etc.

03162005 Chg-P CR2E034 (10/03)

City & State City & State

miami, FL *miami, FL*

Zip Country Zip Country

33155 *USA* *33155* *USA*

4. FEI Number Applied For

20-1342356 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUNKLEY, LINDSAY
671 WEST 50TH STREET
HIALEAH, FL 33012

7. Name and Address of New Registered Agent

Name *LINDSAY DUNKLEY*

Street Address (P.O. Box Number is Not Acceptable)
2400 S.W. 82 Place

City *miami* **FL** Zip Code *33155*

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]* DATE: *3/16/05*

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	VIZARRO, ALEJANDRO	671 WEST 50TH STREET	HIALEAH, FL 33012	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		<i>2400 S.W. 82 Place</i>	<i>miami, FL 33155</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *[Signature]* DATE: *03/16/05* DAYTIME PHONE #: *786-280-7715*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR