


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2005 8:00 am
Secretary of State


05-17-2005 90016 037 ***158.75

DOCUMENT # P04000111561	
1. Entity Name JAMILA HAIR CARE INC	

Principal Place of Business 4145 NW 67 TERR LAUDERHILL, FL 33319	Mailing Address 4145 NW 67 TERR LAUDERHILL, FL 33319
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2. Principal Place of Business 225 JOEL BLVD.	3. Mailing Address 225 JOEL BLVD
Suite/Apt. #, etc. 426	Suite/Apt. #, etc. 426

City & State LEHIGH ACRES	City & State LEHIGH ACRES
Zip FL	Country 33972

	
05102005	Chg-P
CR2E034 (10/03)	
4. FEI Number 65-123-2351	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FORRESTER, ANN M 4145 NW 67 TERR LAUDERHILL, FL 33319	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. <i>Ann Marie Forrester</i> SIGNATURE ANN MARIE FORRESTER PRESIDENT (NOTE: Registered Agent signature required when reinstating) DATE	

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FORRESTER, ANN M 4145 NW 67 TERR LAUDERHILL, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Ann Marie Forrester</i> ANN MARIE FORRESTER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	05/13/05 239-369-8850 Date Daytime Phone #