

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000113043

FILED  
Apr 25, 2005  
Secretary of State

Entity Name: NEW CREATIONS HAIR STUDIO, INC.

## Current Principal Place of Business:

1575 PINERIDGE RD.  
SUITE 2  
NAPLES, FL 34109

## New Principal Place of Business:

## Current Mailing Address:

133 STANHOPE CIRCLE  
NAPLES, FL 34104

## New Mailing Address:

3230 31RST AVE SW  
NAPLES, FL 34117

FEI Number: 35-2235181

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ORBEGOSO, LUIS G  
133 STANHOPE CIRCLE  
NAPLES, FL 34104 US

## Name and Address of New Registered Agent:

ORBEGOSO, CONNIE L  
3230 31RST AVE SW  
NAPLES, FL 34117 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: CONNIE ORBEGOSO

04/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LALLY, CONNIE L  
Address: 133 STANHOPE CIRCLE  
City-St-Zip: NAPLES, FL 34104

Title: VP ( ) Delete  
Name: LALLY, CONNIE L  
Address: 133 STANHOPE CIRCLE  
City-St-Zip: NAPLES, FL 34104

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ORBEGOSO, CONNIE L  
Address: 3230 31RST AVE SW  
City-St-Zip: NAPLES, FL 34117

Title: VP (X) Change ( ) Addition  
Name: ORBEGOSO, LUIS G  
Address: 3230 31RST AVE SW  
City-St-Zip: NAPLES, FL 34117

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: CONNIE ORBEGOSO

P

04/25/2005

Electronic Signature of Signing Officer or Director

Date