

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000118899

Entity Name: SISTER HAIR FASHION, INC

FILED  
Jul 07, 2005  
Secretary of State

## Current Principal Place of Business:

6480 PINES BLVD  
PINES, FL 33021

## New Principal Place of Business:

## Current Mailing Address:

6480 PINES BLVD  
PINES, FL 33023

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PEREZ, COSME E  
5263 GOLDEN GATE PARKWAY  
NAPLES, FL 34116 US

## Name and Address of New Registered Agent:

PEREZ, COSME E  
160 12 TH AVE NE  
NAPLES, FL 34120 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: COSME E PEREZ

07/07/2005

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: ESPINAL, ANDREA A  
Address: 4001 HILLCREST DR #906  
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP ( ) Delete  
Name: HERNANDEZ, MILAGROS F  
Address: 4001 HILLCREST DR  
City-St-Zip: APT, 312, FL 33021

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ANDREA A ESPINAL

P

07/07/2005

Electronic Signature of Signing Officer or Director

Date