

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000125477 1. Entity Name ROMEO HAIR SALON, INC.				Mar 13, 2006 08:00 A Secretary of State	
Principal Place of Business 2194 MAIN STREET STE B DUNEDIN, FL		Mailing Address P.O. BOX 2094 PALM HARBOR, FL 34682		 02262006 No Chg-P CR2E034 (11/05)	
DO NOT WRITE IN THIS SPACE					
6. Name and Address of Current Registered Agent PINE, LINDA 3059 SUMMER WAY PALM HARBOR, FL 34684		<div style="font-size: 2em; font-weight: bold;">DO NOT WRITE IN THIS SPACE</div>			
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 _____ DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE	<div style="text-align: right; margin-bottom: 20px;"> PREPARED BY JLS 03/21/06-00111-007 \$50.00 </div> <div style="font-size: 2em; font-weight: bold;">DO NOT WRITE IN THIS SPACE</div>				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Linda Pine</u> LINDA PINE 2-28-06 727641-7405 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					