

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 26, 2006 8:00 am**  
**Secretary of State**

05-26-2006 90015 037 \*\*\*150.00

**50019792**



05042006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P04000133096</b> 1. Entity Name NELA'S HAIR DESIGN, INC.					
Principal Place of Business 9564 NW 41ST ST DORAL, FL 33178			Mailing Address 9564 NW 41ST ST DORAL, FL 33178		
2. Principal Place of Business <i>9564 NW 41ST</i>		3. Mailing Address <i>9564 NW 41ST</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <i>Doral, FL</i>		City & State <i>Doral, FL</i>		4. FEI Number 56-2480844	
Zip <i>33178</i>		Country <i>DADE</i>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  JOLI, MAYRA 4027 LEJEUNE ROAD CORAL GABLES, FL 33147			7. Name and Address of New Registered Agent Name <i>Juan Raul Avella</i> Street Address (P.O. Box Number is Not Acceptable) <i>9674 Fontainebleau Blvd. # 27</i> City <i>Miami</i> FL Zip Code <i>33172</i>		
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 <i>[Signature]</i> DATE <i>05/22/06</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		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.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOLI, MARIANELA 9674 FONTAINEBLEAU BOULEVARD #27 MIAMI, FL 33172		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA JUAN RAUL Avella 9674 Fontainebleau Blvd. # 27 Miami, FL 33172	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOLI, MAYRA 700 JERONIMO DRIVE CORAL GABLES, FL 330146		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA JOLI, MAYRA 700 JERONIMO DRIVE CORAL GABLES, FL 33146		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>05/22/06</i> Daytime Phone # <i>305-640-9884</i>		