

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000133096

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

**FILED
May 04, 2007 8:00 am
Secretary of State**

05-04-2007 90098 001 ***150.00



04242007 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2480844	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AVELLA, JUAN RAUL
9674 FOUNTAINBLEAU BLVD #27
MIAMI, FL 33172

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOLI, MARIANELA 9674 FONTAINEBLEAU BOULEVARD #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	TREA JOLI, MAYRA 700 JERONIMO DRIVE CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AVELLA, JUAN RAUL 9674 FOUNTAINBLEAU BLVD #27 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/07 (305) 640-9886
Date Daytime Phone #