


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 16, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90247 024 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        |                     |                                                                      |                                                                                                                                                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P05000004805</b><br>1. Entity Name<br><b>REGINALD D HAIRCARE INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                        |                     |                                                                      |                                                                         |  |
| Principal Place of Business<br><b>5210 NW 14TH PLACE<br/>LAUDERHILL FL 33313</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |                     | Mailing Address<br><b>5210 NW 14TH PLACE<br/>LAUDERHILL FL 33313</b> |                                                                                                                                                          |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                        | 3. Mailing Address  |                                                                      |                                                                                                                                                          |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                        | Suite, Apt. #, etc. |                                                                      |                                                                                                                                                          |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                        | City & State        |                                                                      |                                                                                                                                                          |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                                | Zip                 | Country                                                              |                                                                                                                                                          |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        |                     |                                                                      | 7. Name and Address of New Registered Agent                                                                                                              |  |
| <b>DUMAS, REGINALD<br/>5210 NW 14TH PLACE<br/>LAUDERHILL FL 33313</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                        |                     |                                                                      | Name <b>DUMAS, REGINALD</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>5210 NW 14TH PLACE</b><br>City <b>LAUDERHILL</b> FL <b>33313</b> |  |
| 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 _____ (NOTE: Registered Agent signature required when reappointing)<br><small>Signature, typed or printed name of registered agent and title is applicable</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                        |                     |                                                                      |                                                                                                                                                          |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        |                     |                                                                      | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                        |                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                |                                                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>P<br/>DUMAS, REGINALD<br/>5210 NW 14TH PLACE<br/>LAUDERHILL FL 33313</b> <input checked="" type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <b>DUMAS, REGINALD<br/>5210 NW 14TH PLACE<br/>LAUDERHILL FL 33313</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                        |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                        |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                        |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                        |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                        |                     | TITLE<br>NAME<br>STREET ADDRESS<br>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 Section 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. |                                                                                                                        |                     |                                                                      |                                                                                                                                                          |  |
| <b>SIGNATURE: <u>Reginald Dumas</u></b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                        |                     |                                                                      |                                                                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        |                     |                                                                      | <small>Date</small> _____ <small>Daytime Phone #</small> _____                                                                                           |  |