

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90098 022 ***150.00

DOCUMENT # P05000017861	
1. Entity Name JAQUELINE HAIRSTYLISTS, INC.	

Principal Place of Business 7010 NW 177 ST STE C105 MIAMI, FL 33015-6275	Mailing Address 7010 NW 177 ST STE C105 MIAMI, FL 33015-6275
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50010955



2. Principal Place of Business 18521 NW 82ND AVE Suite, Apt. #, etc. HIALEAH, FLORIDA	3. Mailing Address 18521 NW 82ND AVE Suite, Apt. #, etc. HIALEAH, FLORIDA
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04072006 Chg-P CR2E034 (11/05)

City & State HIALEAH, FLORIDA	City & State HIALEAH, FLORIDA
Zip 33015	Country USA

4. FEI Number 20-2284944	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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RIVERA, CASTALIA 7010 NW 177 ST STE C105 MIAMI, FL 33015-6275	
Name RIVERA CASTALIA	
Street Address (P.O. Box Number is Not Acceptable) 18521 NW 82ND AVE	
City HIALEAH	Zip Code FL 33015

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:  04/07/2006 (NOTE: Registered Agent signature required when reinstating) DATE	
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS RIVERA, CASTALIA 7010 NW 177 ST STE C105 MIAMI, FL 330156275 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVST RIVERA, CASTALIA 18521 NW 82ND AVE HIALEAH, FL 33015 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RIVERA, CASTALIA 7010 NW 177 ST STE C105 MIAMI, FL 330156275 <input checked="" 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
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.	
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SIGNATURE: 	CASTALIA RIVERA/PRESIDENT 04/07/06 786-306-8212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #