

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90851 011 ***150.00

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

Principal Place of Business 18521 NW 82ND AVE HIALEAH, FL 33015	Mailing Address 18521 NW 82ND AVE HIALEAH, FL 33015
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2. Principal Place of Business - No P.O. Box # 7010 NW 177 STREET	3. Mailing Address 7010 NW 177 STREET
Suite, Apt. #, etc. C105	Suite, Apt. #, etc. C105

City & State MIAMI, FL 33015	City & State MIAMI, FLORIDA
Zip 33015	Country USA

04032007 Chg-P CR2E034 (12/06)

4. FEI Number 20-2284944	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RIVERA, CASTALIA 18521 NW 82ND AVE HIALEAH, FL 33015	7. Name and Address of New Registered Agent Name CASTALIA RIVERA Street Address (P.O. Box Number is Not Acceptable) 7010 NW 177 STREET, #C105 City MIAMI FL 33015
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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: *Castalia Rivera* (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. <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 18521 NW 82ND AVE MIAMI, FL 330156275 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS CASTALIA RIVERA 7010 NW 177 ST, #C105 MIAMI, FL 33015 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RIVERA, CASTALIA 18521 NW 82ND AVE MIAMI, FL 330156275 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASTALIA RIVERA 7010 NW 177 ST, #C105 MIAMI, FL 33015 <input checked="" 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
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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: *Castalia Rivera* **Castalia Rivera** 4/27/07 786 306-8312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #