

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90026 035 ***150.00

DOCUMENT # P05000030575																																																																																																																																			
1. Entity Name THE HAIR TEAM, INC.																																																																																																																																			
Principal Place of Business 8378 NW 143 TERRACE MIAMI LAKES, FL 33016			Mailing Address 8378 NW 143 TERRACE MIAMI LAKES, FL 33016																																																																																																																																
2. Principal Place of Business - No P.O. Box # 6568 NW 186 STREET			3. Mailing Address 6568 NW 186 STREET																																																																																																																																
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																																																																
City & State MIAMI LAKES, FL		City & State MIAMI LAKES, FL		4. FEI Number APPLIED FOR 83-0419749																																																																																																																															
Zip 33015		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																															
6. Name and Address of Current Registered Agent ABREU, RAFAEL 8378 NW 143 TERRACE MIAMI LAKES, FL 33016				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																															
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 reinstating) DATE _____																																																																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 45%; padding: 2px;">VP</td> <td style="width: 40%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 45%; padding: 2px;">PRESIDENT</td> <td style="width: 40%; padding: 2px;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">ABREU, SANTA</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">ABREU, SANTA</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">8378 NW 143 TERRACE</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">8378 NW 143 TERRACE</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">MIAMI LAKES, FL 33016</td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">MIAMI LAKES, FL 33016</td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">S</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td></td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">ABREU, RAFAEL</td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">8378 NW 143 TERRACE</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">MIAMI LAKES, FL 33016</td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td></td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td></td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td></td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. 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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: <u>Santa Abreu</u> 03/26/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date Daytime Phone #</small>																																																																																																																																			