

2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90116 001 ***150.00
03-09-2007 90116 002 *****8.75

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02122007 Chg-P CR2E034 (12/06)

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|--|--|---|---|
| DOCUMENT # P05000033277 | |  | |
| 1. Entity Name CARLOS DI CARLOS HAIR ART SUDIOS, INC. | | | |
| Principal Place of Business 10 EAST PALMETTO PARK ROAD BOCA RATON, FL 33432 | | Mailing Address 10 EAST PALMETTO PARK ROAD BOCA RATON, FL 33432 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address P.O. Box 273308 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State Boca Raton FL | |
| Zip | Country | Zip 33427-3308 | Country USA |
| 4. FEI Number 20-2442264 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PINA, CARLOS M 2625 LOWSON BOULEVARD SUITE B DELRAY BEACH, FL 33445 | | 7. Name and Address of New Registered Agent Name Caroline F. Daniels Street Address (P.O. Box Number is Not Acceptable) 22862 Greenview Terr City Boca Raton FL 33433 | |
| 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 <u>Caroline Daniels</u> DATE <u>3/6/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| 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 | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD PINA, CARLOS M 2625 LOWSON BOULEVARD, SUITE B DELRAY BEACH, FL 33445 <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 | PD ALTVATTER, FRANCOISE S 22380 PINEAPPLE WALK DRIVE BOCA RATON, FL 33433 <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 | STD DANIELS, CAROLINE F 22862 GREENVIEW TERRACE BOCA RATON, FL 33433 <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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| 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>Caroline Daniels</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date <u>3/8/07</u> Daytime Phone # <u>3d-7165724</u> | |