


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P05000075322</b> 1. Entity Name SOBE HAIR EXTENSION DE PARIS, INC.	
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Principal Place of Business 2108 N.W. 99 AVENUE DORAL, FL 33172	Mailing Address 2108 N.W. 99 AVENUE DORAL, FL 33172
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**DO NOT WRITE IN THIS SPACE**



02212007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>01-0838450</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CEBALLOS, HAYDEE 354 SEVILLA AVENUE CORAL GABLES, FL 33134	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)


<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VEISSIER, MONIQUE 930 NE 72 TER MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCEMAMA, M. PATRICE 930 NE 72 TER MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VEISSIER, PHILIPPE 725 N.E. 22 STREET #PH2D MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRD SCHMITT, RAYMOND 2108 N.W 99 AVENUE MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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03/20/07-80005-014 150.00

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:**  **SCHMITT RAYMOND** 05 MAR 2007 7862535933  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #