

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000083052

FILED
Apr 28, 2006
Secretary of State

Entity Name: LANCASTER HAIR SALON INC

Current Principal Place of Business:

900 W LANCASTER RD 7
ORLANDO, FL 32809

New Principal Place of Business:

900 W LANCASTER RD
SUITE 11
ORLANDO, FL 32809

Current Mailing Address:

900 W LANCASTER RD 7
ORLANDO, FL 32809

New Mailing Address:

900 W LANCASTER RD
SUITE 11
ORLANDO, FL 32809

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CACERES, HERCILIA
304 PALM VIEW CT
KISSIMMEE, FL 34743 US

Name and Address of New Registered Agent:

CACERES, HERCILIA
777 W. LANCASTER RD
APT # A-6
ORLANDO, FL 32809 US

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.

SIGNATURE: CACERES HERCILIA

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CACERES, HERCILIA
Address: 304 PALM VIEW CT
City-St-Zip: KISSIMMEE, FL 34743

Title: VP () Delete
Name: GOMEZ, CECILIA M
Address: 855 SKY LAKE CIRCLE D
City-St-Zip: ORLANDO, FL 32809

Title: T () Delete
Name: GOMEZ, MIGUEL
Address: 855 SKY LAKE CIRCLE D
City-St-Zip: ORLANDO, FL 32809

Title: S () Delete
Name: CACERES, ALFREDO
Address: 304 PALM VIEW CT
City-St-Zip: KISSIMMEE, FL 34743

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CACERES, HERCILIA
Address: 777 W. LANCASTER RD
City-St-Zip: APT # A-6, FL 32809

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: CACERES, ALFREDO
Address: 777 W. LANCASTER RD
City-St-Zip: APT # A-6, FL 32809

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CECILIA GOMEZ

VP

04/28/2006

Electronic Signature of Signing Officer or Director

Date