2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 05, 2007 08:00 AM **Secretary of State** DOCUMENT # P05000101400 1. Entity Name RIVIERA HAIR DESIGNERS, INC. Principal Place of Business Mailing Address 2150 WEST FIRST STREET 2150 WEST FIRST STREET FORT MYERS, FL 33901 FORT MYERS, FL 33901 01132007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-3172766 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHMIDT, TERRYL DO NOT WRITE 17891 WETSTONE ROAD NORTH FORT MYERS, FL 33917 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME SCHMIDT, TERRYL STREET ADDRESS 17891 WETSTONE ROAD V000000622017 NORTH FORT MYERS, FL 33917 CITY-ST-ZIP 02/13/07-80009-014 150.00 TITLE STREET ADDRESS CITY+SI+7IP TITLE NAMÉ STREET ADDRESS DO NOT WRITE CITY-ST-7(P TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 changed, or on an atjactiment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Davidina Phone #

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