

1. Entity Name

HAIRS SHILA ENTERPRISES, INC.



FILED
Aug 08, 2006 8:00 am
Secretary of State

08-08-2006 90001 024 ***150.00

Principal Place of Business

 6278 N. FEDERAL HWY
 SUITE 403
 FORT LAUDERDALE, FL 33308

Mailing Address

 6278 N. FEDERAL HWY
 SUITE 403
 FORT LAUDERDALE, FL 33308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07512000

City

082604 (11/03)

4. FEI Number

20-3360397

Applied For

Not Applicable

5. Certificate of Status Desired

☐
 \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

 MORGANROTH, SHILA
 1700 S. OCEAN BLVD.
 SUITE 20-A
 LAUDERDALE BY THE SEA, FL 33062

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

 9. Election Campaign Financing
 Trust Fund Contribution.
☐
 \$5.00 May Be
 Added to Fees

 In accordance with s. 607.193(2)(b), F.S., the
 corporation did not receive the prior notice.

10.

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE

P

☐ Delete

NAME

MORGANROTH, SHILA

STREET ADDRESS

1700 S. OCEAN BLVD #20-A

CITY-ST-ZIP

LAUDERDALE BY THE SEA, FL 33062

TITLE

☐ Change☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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NAME

MORGANROTH, SHILA

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1700 S. OCEAN BLVD #20-A

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TITLE

☐ Change☐ Addition

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CITY-ST-ZIP

☐ Change☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-7853339

HOUSE