## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P05000122432

Title:

Name: Address:

City-St-Zip:

Entity Name: HAIR STYLISTS OF COOPER CITY CO

FILED Sep 27, 2006 Secretary of State

y	101 11/41/01/1	Eloro or ocor Electri, co			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
9570 GRIFF COOPER C	FIN RD DITY, FL 33328	3			
Current Mailing Address:			New Mailing Address:		
9570 GRIFF COOPER C	FIN RD DITY, FL 33328	3			
FEI Number:	36-4578816	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
EGUEZ, CA 4850 SW 1: SW RANCA		o us			
The above in the State		ubmits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	E: CARLOS	EGUEZ			
Electronic Signature of Registered Agent			nt	Date	
		(2)(b), F.S., the corporation did not Trust Fund Contribution ( ).	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () WEISSON, MAR 530 NW 106 TE PEMBROKE PIN	RR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () EGUEZ, ELSYE 4850 SW 128 A' SW RANCHES,	/E	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SD () WEISSON, JOR 530 NW 106 TE PEMBROKE PIN	RR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CARLOS EGUEZ D 09/27/2006

() Delete

EGUEZ, CARLOS A

4850 SW 128 AVE

SW RANCHES, FL 33330

() Change () Addition