2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000144252



FILED May 02, 2006 8:00 am Secretary of State

1. Entity Name ALFIERI HAIR REPLACEMENT, INC.						05-	05-02-2006 90205 046 ***150.00				
Principal Place	e of Business	Ma	Mailing Address			_	U V V -	-			
8779 VIA PRESTIGIO EAST WELLINGTON, FL 33411			8779 VIA PRESTIGIO EAST Wellington, FL 33411								
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.		s	Suite, Apt. #, etc.			04272006	Chg-P	CR2E0	34 (11/05)		
City & State			City & State			4. FEI Numbe	,			plied For t Applicable	
Zip	Çountry		Zip Coun		try	5. Certificate of Status Desired			S8.75 Additional Fee Required		
6. Name and Address of Current			ered Agent		7. Name and Address of New Registered Agent						
	OBERT B PRESTIGIO EAST TON, FL 33411				Name Street Addres	ss (P.O. Box Numbe	r is Not Acceptable)			
; ;					City			FL	Zip Code	, -	
	named entity submits this ions of registered aftent. Signature, the down private name of					stered agent, or both	n, in the State of Flo	rida. 1 am (4/> DATE	amiliar with,	and accept	
After Ma	E NOWIII FEE IS \$1 by 1, 2006 Fee will	be \$550.00	9. Election Campa Trust Fund Con	tribution.	cing \$	55.00 May Be added to Fees					
10. TILE	OFI P	FICERS AND DIREC	TORS Detete	11.	. — т	ADDITIONS/	CHANGES TO OFFI	CERS AND	DIRECTORS Change	S IN 11 Addition	
NAME STREET ADDRESS CITY-ST-ZIP	ACCETTA, LINDA 8779 VIA PRESTIGIO WELLINGTON, FL 3:	_	☐ Detete	NAME STRE	1				- Crange	L'I Youngi	
TITLE	ST		☐ Delete	TITLE			, M		Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	GONZALEZ, JONATH 8779 VIA PRESTIGIO WELLINGTON, FL 3	EAST			E ET ADDRESS - ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete		ł				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		l l				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Defete		1				Change	Addilion	
TITLE MANE STREET ADDRESS CITY-ST-ZIP			☐ Detete	CITY	E EET ADORESS -ST-ZIP				☐ Change	☐ Addition	
12. I hereby of indicated of the cor changed.	certify that the information on this report or supplem poration or the receiver or or on an attachment with	supplied with this fi ental report is true a trustee empowered an address, with all	ing does not qualify to no accurate and that to execute this report other like empowered	or the exi my signa t as requi	emptions contain ture shall have the red by Chapter (ned in Chapter 119 he same legal effect 607, Florida Statute	Florida Statutes. I as if made under on a; and that my name	further certicath; that I a appears in	fy that the in m an officer n Block 10 or	formation or director Block 11 if	