2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000153354

Entity Name: HAIR SPA II, INC.

FILED Jan 16, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9712 PINES BLVD.

PEMBROKE PINES, FL 33024

Current Mailing Address: New Mailing Address:

9712 PINES BLVD. PEMBROKE PINES, FL 33024

FEI Number: 13-4316034 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEE, DUDLEY L 9712 PINES BLVD.

PEMBROKE PINES, FL 33024 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.

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SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: LEE, DUDLEY L Name: LEE, DUDLEY L

Address: 7980 NORTH FRENCH DRIVE APT. #106 Address: 9120 S LAKE MIRAMAR CIR

City-St-Zip: PEMBROKE PINES, FL 33024 City-St-Zip: MIRAMAR, FL 33025

Title: DVP () Delete Title: DVP (X) Change () Addition

Name: LEE, ROSE M Name: LEE, ROSE M

 Address:
 7980 NORTH FRENCH DRIVE APT. #106
 Address:
 9120 S LAKE MIRAMAR CIR

 City-St-Zip:
 PEMBROKE PINES, FL 33024
 City-St-Zip:
 MIRAMAR, FL 33025

Title: DST () Delete Title: DST (X) Change () Addition

Name: LEE, DEBORAH Name: LEE, DEBORAH

Address: 7980 NORTH FRENCH DRIVE APT. #106 Address: 9120 S LAKE MIRAMAR CIR
City-St-Zip: PEMBROKE PINES, FL 33024 City-St-Zip: MIRAMAR, FL 33025

I hereby certify that the information supplied with this filing does not qualify 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: ROSE M LEE VP 01/16/2008