## 2008 FOR PROFIT CORPORATION

## Apr 07, 2008 08:00 Al Secretary of State ANNUAL REPORT DOCUMENT # P05000164477 ADE'S HAIR SALON, INC. Principal Place of Business Mailing Address 210 SE 24TH AVE 210 SE 24TH AVE BOYNTON BEACH, FL 33045 BOYNTON BEACH, FL 33045 CR2E034 (11/05) 04032008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3975001 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FELIU, ADELKYS DO NOT WRITE 210 SE 24TH AVE BOYNTON BEACH, FL 33045 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. 110000005115 <del>DAVISVOS - BOARD - DOZ ISO</del>LOO Signature, typed or printed name of registered agent and title if applicable (NOTE: Prigistered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME FELIU, ADELKYS STREET ADDRESS 210 SE 24TH AVE CITY-ST-ZIP BOYNTON BEACH, FL 33045 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET AUDRESS CITY-\$1-ZIP TITLE NAME

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 if changed, or on an attachment with an address, with all of her like empowered

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP DITLE NAME STREET ADDRESS CITY-ST-ZIP

FICER OR DIRECTOR

Daytime Phone #

**FILED**