


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 23, 2007 8:00 am**  
**Secretary of State**

07-23-2007 90036 009 \*\*\*158.75

<b>DOCUMENT # P06000062212</b>	
1. Entity Name <b>L AND J HAIR SALONS, INC.</b>	

Principal Place of Business <b>111 OGDEN AVE. SEBASTIAN, FL 32958</b>	Mailing Address <b>111 OGDEN AVE. SEBASTIAN, FL 32958</b>
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2. Principal Place of Business - No P.O. Box # <b>724 OLEANDER CIR.</b>	3. Mailing Address <b>724 OLEANDER CIR.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>BAREFOOT BAY, FL</b>	City & State <b>BAREFOOT BAY, FL</b>
Zip <b>32976</b>	Zip <b>32976</b>
Country <b>BREVARD</b>	Country <b>BREVARD</b>



07112007 Chg-P CR2E034 (12/06)

8. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>	
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4. FEI Number <b>20-4802897</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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: Joseph J. Graziosi **JOSEPH J. GRAZIOSI** JULY 15, 2007  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST GRAZIOSI, JOSEPH J. 111 OGDEN AVE. SEBASTIAN, FL 32958 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST GRAZIOSI, LUZ M. 724 OLEANDER CIRCLE BAREFOOT BAY, FL 32976 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GRAZIOSI, LUZ M. 111 OGDEN AVE. SEBASTIAN, FL 32958 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GRAZIOSI, JOSEPH J. 724 OLEANDER CIRCLE BAREFOOT BAY, FL 32976 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Joseph J. Graziosi **JOSEPH J. GRAZIOSI** JULY 15, 2007 **663-0562**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #