


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90030 041 \*\*\*550.00

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

Principal Place of Business <b>724 OLEANDER CIR BAREFOOT BAY, FL 32976</b>	Mailing Address <b>724 OLEANDER CIR BAREFOOT BAY, FL 32976</b>
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2. Principal Place of Business - No P.O. Box # <b>481 GEORGIA BLVD</b>	3. Mailing Address <b>481 GEORGIA BLVD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>SEBASTIAN, FL</b>	City & State <b>SEBASTIAN, FL</b>
Zip <b>32958</b>	Country <b>INDIAN RIVER 32958</b>

6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</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	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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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. 724 OLEANDER CIR BAREFOOT BAY, FL 32976 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST. GRAZIOSI, LUZ M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 481 GEORGIA BLVD. SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GRAZIOSI, JOSEPH J. 724 OLEANDER CIR BAREFOOT BAY, FL 32976 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GRAZIOSI, JOSEPH J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 481 GEORGIA BLVD SEBASTIAN, FL 32958
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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

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* **5/5/08** **(772) 538-5487**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #