2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007
Secretary of State

DOCUMENT# P06000064148

Entity Name: CARI'S HAIR FASHIONS INC.

Current Principal Place of Business:

1079 S FEDERAL HWY
DEERFIELD BCH, FL 33441

New Principal Place of Business:

1079 S FEDERAL HWY
DEERFIELD BEACH, FL 33441

Current Mailing Address:

1079 S FEDERAL HWY
DEERFIELD BCH, FL 33441

New Mailing Address:

1079 S FEDERAL HWY
DEERFIELD BEACH, FL 33441

FEI Number: 06-1608008 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOPROWSKI, CARIDAD
1079 S FEDERAL HWY
DEERFIELD BCH, FL 33441 US

Name and Address of New Registered Agent:

KOPROWSKI, CARIDAD
1079 S FEDERAL HWY
DEERFIELD BEACH, FL 33441 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.

SIGNATURE: 05/09/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: KOPROWSKI, CARIDAD
Address: 1079 S FEDERAL HWY
City-St-Zip: DEERFIELD BCH, FL 33441

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: KOPROWSKI, CARIDAD
Address: 1079 S FEDERAL HWY
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: VP ( ) Change (X) Addition
Name: VARGAS, MARIA
Address: 1079 S FEDERAL HWY
City-St-Zip: DEERFIELD BEACH, FL 33441

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: CARIDAD KOPROWSKI DP 05/09/2007
Electronic Signature of Signing Officer or Director Date