2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Aug 01, 2007 8:00 am
Secretary of State
03-12-2007 90076 017 ***150.00

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02282007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000078486

1. Entity Name
HAIR BY LUCAS, INC

Principal Place of Business	Mailing Address
2666 EAST OAKLAND PK BLVD FORT LAUDERDALE, FL 33306	PO BOX 4215 FORT LAUDERDALE, FL 33338

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2413 NE 11 Ave	2413 NE 11 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wilton Manors, FL	City & State: Wilton Manors, FL
Zip: 33305 Country: USA	Zip: 33305 Country: USA

4. FEI Number: 20-5006144 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEXT DAY TAX, INC
2457 EAST COMMERCIAL BLVD.
FORT LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent

Name: Lucas Calle
Street Address (P.O. Box Number is Not Acceptable): 2413 NE 11 Ave
City: Wilton Manors FL Zip Code: 33305

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: [signature] 3/2/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	CALLE, LUCAS	
STREET ADDRESS	1217 NE 12TH ST	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] 3/2/07 754-422-8847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #