2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Aug 01, 2007 8:00 am
Secretary of State

03-12-2007 90076 017 ***150.00

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1. Entity Name
HAIR BY LUCAS, INC

Principal Place of Business
2666 EAST OAKLAND PK BLVD
FORT LAUDERDALE, FL 33306

Mailing Address
PO BOX 4215
FORT LAUDERDALE, FL 33338

H06020694

02282007 Chg-P CR2E034 (12/06)

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

3. Mailing Address 2413 NE 11 Ave
Suite, Apt. #, etc.
City & State Wilton Manors, FL
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, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE 3/2/07

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	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF ~~SIGNING OFFICER OR DIRECTOR~~ Date 3/2/07 Daytime Phone # 754422-8847