2007 FOR PROFIT CORPORATION ANNUAL REPORT

	ANNUAL								
DOCUMENT # P06000089065									
1. Entity Name THE HAIR EXTENSION BOUTIQUE, INC.						FIL	ED		
						07 SEP 17	PĦ 2: 24		
Principal Place of Business		Mailing Address				e e ne i Ale	Y OF STATE		
7409 PARKSIDE LANE Margate, FL 33063		7409 PARKSIDE LANE				TALLAHASS	SEE, FLORIDA		
MAKGATE, FL	. 33063	MARGATE, FL 33063				771212, 117130	and the control of		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				STINI INIIN INII NUUN NIIN T			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05022007	Chg-P	CR2E034 (12/06)			
City & State		City & State		4. FEI Number Applied For Not Applicable					
Zip Country		Zip Country		ГУ	S. Certificate of Status Desired				
6. Name and Address of Current Registered Agent					7. Name and	Address of New Ro	ogistered Agent		
BALABAN, SHARYN				Name					
7409 PARKSIDE LANE MARGATE, FL 33063				Street Address (et Address (P.O. Box Number is Not Acceptable)				
	.,								
				City	FL Zip Code				
8. The above named entity submits this statement for the burpose 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.							and accept		
SIGNATURE / MM / MM									
Signiful Appel or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)									
FILE NOWIII FEE IS \$150.00 9. Election Campaign Due by September 14, 2007 Trust Fund Contribu			_	+	00 May Be ed to Fees	In accordance w	rith s. 607.193(2)(b), not receive the prior	F.S., the notice.	
10. OFFICERS AND DIRECTORS		11.		ADDITIONS/		CERS AND DIRECTOR			
ШТЕ	D	☐ Delete	ШЕ		7.05/110/10/1		Change	Addition	
NAME STREET ADDRESS	BALABAN, SHARYN		NAME		COCIOTTONO				
CITY-ST-ZIP				* ******	(III)				
	MAKGAIE, FL 33003			T ADDRESS ST-ZIP	60 09/20/	1 01097 10701066-	23096 -011 **150.(00	
THE	MARGATE, FL 33003	☐ Delete			60 09/20/	101097 20701066-	23096 -011 **150.0	Addition	
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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 except this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with all other fixed empowered.

SIGNATURE:

9/1/57