


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # P06000105651

1. Entity Name
GARDENS HAIR STUDIO, INC



Principal Place of Business Mailing Address

1812 N.W. 183 STREET **20225 N.W. 32 AVENUE**
MIAMI GARDENS, FL 33056 US **MIAMI, FL 33056 US**



03092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
20-5508179 Not Applicable

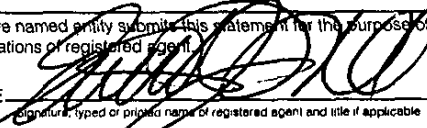
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MILLER, EVETTE J
1812 N.W. 183 STREET
MIAMI, FL 33056

DO NOT WRITE IN THIS SPACE

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  DATE **3/9/2007**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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**

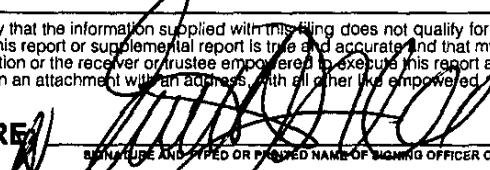
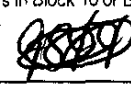
10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MILLER, EVETTE J
STREET ADDRESS	20225 N.W. 32 AVENUE
CITY- ST- ZIP	MIAMI, FL 33056
TITLE	VP
NAME	O'FARRILL, MARIO I
STREET ADDRESS	4345 SW 72 AVENUE - SUITE A
CITY- ST- ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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03/26/07-80004-018 150.00

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  DATE **3/9/07** 

Signature, typed or printed name of signing officer or director Date Daytime Phone #

20511911-0794