2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

5/13/2008-90056-001-$150.00-$150.00 *
5/13/2008-90056-002-$8.75-$8.75

FILED

08 JUN 17 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1st MOORE CR2E034 (10/07)

DOCUMENT # P06000138152

1. Entity Name

JOEL'S HAIR DESIGNS, INC.

Principal Place of Business	Mailing Address
1317 NORTH 58TH AVENUE HOLLYWOOD FL 33021 US	1317 NORTH 58TH AVENUE HOLLYWOOD FL 33021 US

2. Principal Place of Business - No P.O. Box #: 4884 SW 4T avenue	3. Mailing Address
Suite, Apt. #, etc.: Home.	Suite, Apt. #, etc.
City & State: F.T Lauderdale	City & State
Zip: 33314 Country: U.S.A. FL	Zip: 33314 Country: U.S.A

4. FEI Number: AP-PLIED FOR ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name: JOEL PEREZ.
Street Address (P.O. Box Number is Not Acceptable): 4884 SW 4T avenue.
FT. Lauderdale.
City: F.L. FL Zip Code: 33314

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] 04-21-08
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, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~PEREZ, JOEL G~~ ~~1317 NORTH 58TH AVENUE~~ ~~HOLLYWOOD FL 33021~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PEREZ JOEL G. 4884 SW 4T avenue FT. Lauderdale FL 33314 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] 04-24-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KS