

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

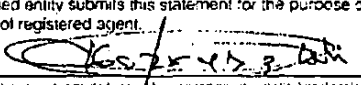
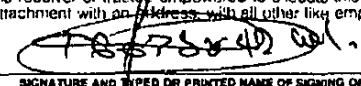
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08 JUN 17 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/07)

DOCUMENT # P06000138152																											
1. Entity Name JOEL'S HAIR DESIGNS, INC.																											
Principal Place of Business 1317 NORTH 58TH AVENUE HOLLYWOOD FL 33021 US		Mailing Address 1317 NORTH 58TH AVENUE HOLLYWOOD FL 33021 US																									
2. Principal Place of Business - No P.O. Box # 4884 SW 45 OVERDA		3. Mailing Address																									
Suite, Apt. #, etc. Home.		Suite, Apt. #, etc.																									
City & State F.T. Lauderdale		City & State																									
Zip 33314	Country U.S.A.	Zip 33314	Country U.S.A.																								
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		4. FEI Number AP-PLIED FOR																									
		Applied For Not Applicable																									
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																									
7. Name and Address of New Registered Agent																											
Name JOEL PEREZ																											
Street Address (P.O. Box Number is Not Acceptable) 4884 SW 45 OVERDA																											
City F.T. 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 		DATE 06-26-08																									
NOTE: Registered Agent signature required when changing office.																											
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																									
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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: 		06-24-08																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date																									

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