## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

## **DOCUMENT # P07000016388**

1. Entity Name



**FILED** Apr 30, 2008 8:00 am Secretary of State

04-30-2008 90174 011 \*\*\*150.00

HAIR DESIGNS BY CARMEN INC.													
Principal Place of Business 3749 S. CONGRESS AVENUE LAKE WORTH, FL 33466			3	Mailing Address 3749 S. CONGRESS AVENUE LAKE WORTH, FL 33466			I I <b>va</b> k <b>aai</b> mi	acili icali com	<b>BE</b> 411 <b>BE</b> 611	QEIZI IIJIZ 211	II 11181 III KIK	FE BA 16 18 BI	
2. Principal Place of Business - No P.O. Box # 3.				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04142008	Chg-P		CR2E0	34 (12/06)	
City & State			(	City & State				4. FEI Numbe	8513°	7			plied For t Applicable
Zip	Country			Zip	try		5. Certificate				\$8.75 Add Fee Required		
	6. Name	and Address of Cur	rent Regis	tered Agent		<u> </u>		7. Name and	Address of	New Re	egistered A	lgent	
MERCADO, CARMEN A 7560 HIGH RIDGE ROAD BOYNTON BEACH, FL 33426						Street Address (P.O. Box Number is Not Acceptable)							
· · · · · · · · · · · · · · · · · · ·													
·					City						FL	Zip Code	
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 Fiorida. 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											<del>.</del>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Fi Trust Fund Contribute						ncing		00 May Be ed to Fees					
10. OFFICERS AND				DIRECTORS 11.				ADDITIONS,	CHANGES	TO OFFI	CERS AND	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7560 HIG	O, CARMEN A H RIDGE ROAD N BEACH, FL 334:	26	□ Delete	-	1						☐ Change	Addition
NAME STREET ADDRESS [ CITY-ST-ZIP				☐ Delete		ī						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete								Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	4							Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete								☐ Change	Addition

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.

SIGNATURÉ

LECARMEN MERCADO SIGNING OFFICER OR DIRECTOR

(561) 642-7779