

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000028502

FILED
Apr 30, 2008
Secretary of State

Entity Name: TOO COOL HAIR CARE CORP.

Current Principal Place of Business:

11685 COUNTY ROAD 951
NAPLES, FL 34116

New Principal Place of Business:

Current Mailing Address:

11685 COUNTY ROAD 951
NAPLES, FL 34116

New Mailing Address:

FEI Number: 20-8592057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, OSMAR
2971 18TH AVE NE
NAPLES, FL 34120 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GONZALES, OSCAR
Address: 11685 COUNTY RD 951
City-St-Zip: NAPLES, FL 34116

Title: P () Delete
Name: LOPEZ, RICARDO
Address: 4531 CORAL PALMS LANE #6
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GONZALEZ, OSCAR
Address: 11685 COUNTY RD 951
City-St-Zip: NAPLES, FL 34116

Title: VP (X) Change () Addition
Name: LOPEZ, RICARDO
Address: 4531 CORAL PALMS LANE #6
City-St-Zip: NAPLES, FL 34116

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSCAR GONZALEZ

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date