
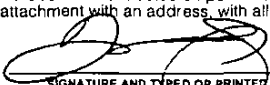


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 23, 2008 8:00 am**  
**Secretary of State**

07-23-2008 90016 006 \*\*\*150.00

<b>DOCUMENT # P07000042478</b> 1. Entity Name <b>LEHIGH HAIR &amp; BEAUTY SUPPLY STORE INC.</b>			
Principal Place of Business <b>5600 8TH STREET W UNIT 7 BLDG 3 LEHIGH ACERS, FL 33971 US</b>		Mailing Address <b>125 NW 28TH AVE CAPE CORAL, FL 33993 US</b>	
2. Principal Place of Business - No P.O. Box # <b>5600 8th St W</b>		3. Mailing Address <b>125 NW 28th Ave</b>	
Suite, Apt. #, etc. <b>Bldg #3 Unit #8</b>		Suite, Apt. #, etc. 	
City & State <b>Lehigh Acres, FL</b>		City & State <b>Cape Cora FL</b>	
Zip <b>33971</b>		Zip <b>33993</b>	
Country 		Country 	
4. FEI Number <b>61-1526248</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PERSON, ELLARWEITHER 2909 EVANS AVE FORT MYERS, FL 33901</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERSON, TONDRIA 125 NW 28TH AVE CAPE CORAL, FL 33993	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOSEPH, JETHRO 125 NW 28TH AVE CAPE CORAL, FL 33993	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.			
SIGNATURE: 		Date <b>7/21/08</b> Daytime Phone # <b>(239) 369-2800</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			