## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** Apr 27, 2006 08:00 AN Secretary of State DOCUMENT # P93000030457 1. Entity Name LA NUEVA ERA HAIR DESIGN CORP. Principal Place of Business Mailing Address 3404 NORTHWEST 32ND AVENUE 3404 NORTHWEST 32ND AVENUE MIAMI FL 33142 MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0405618 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BENITEZ, GRACIELA Streel Address (P.O. Box Number is Not Acceptable) 3404 NORTHWEST 32ND AVENUE **MIAMI FL 33142** City 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 SIGNATURE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITE PST Delete TITLE Change ☐ Addition NAME NAME BENITEZ GRACIFI A STREET ADDRESS 3404 NORTHWEST 32ND AVENUE N/A STREET ADDRESS 11000000539102 CUTY-ST-ZIP CITY-ST-ZIP MIAMI FL Delete TITLE TITLE Addition MARKE HUIE, GASTON MARKE STREET ADDRESS 3404 NORTHWEST 32ND AVENUE N/A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33142 TITLE ☐ Detate TITLE Chance Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete HILE ☐ Addition TITLE ☐ Change MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

Date

Daytime Phone #