


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000033649</b> 1. Entity Name <b>JOSSIE'S HAIR DESIGNERS, INC.</b>	
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Principal Place of Business <b>8197 NORTH UNIVERSITY DRIVE TAMARAC, FL 33321</b>	Mailing Address <b>8197 NORTH UNIVERSITY DRIVE TAMARAC, FL 33321</b>
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03132006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0411630** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>MALAVE, TERESA 4985 NW 82ND TERRACE FORT LAUDERDALE, FL 33351</b>
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**DO NOT WRITE  
IN THIS SPACE**

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: *Teresa Malave* *Teresa Malave* *03/13/06*  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALAVE, TERESA 4985 NW 82ND TERRACE FORT LAUDERDALE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VARGAS, INGRID 6700 NW 57TH DRIVE FORT LAUDERDALE, FL 33321
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U00000469802  
03/27/06-80017-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: *Teresa Malave* *03/13/06* *(954) 370-7288*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #