2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 22, 2008 8:00 am Secretary of State 01-22-2008 90045 002 ***150.00

1. Entity Name FLORIDA ACADEMY OF HAIR DESIGN, INC.								01-22-2000	20043	702 13	70.00
Principal Plac 38363 STAT ZEPHYRHILL	E ROAD 54	EAST	Mailing Address PO BOX 1419 ZEPHYRHILLS, FL 33539-1419			9	4000		17 88 113 8188 £ 11	SID II BIY STAIT AN	1/(20) /1 (10)
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01112008	Chg-P	CR2E0)34 (12/06) -		
City & State			City & State				4. FEI Number 59-3189	472		No	pplied For ot Applicable
Zip Country			Zip Cour		ıtry		f Status Desired		\$8.75 Add Fee Require		
	6. Name	and Address of Curren	t Registered Age	nt			7. Name and A	ddress of New R	tegistered .	Agent	
OSBORNE			Name Street Addres			ess (P.O. Box Number	is blat Assessable				
5255 18TH ST. 7 ZEPHYRHILLS, FL 33539						Street Addre	ess (F.O. BOX NUMBER	15 NOT ACCEPTABLE			
¥6.0% ₹5.0% ₹5.0%						City			FL	Zip Cod	le
8. The above the obligat	named entity	y submits this statement tered agent.	for the purpose of	changing its	registere	ed office or reg	gistered agent, or both	, in the State of Flo	orida. I am	familiar with,	and accept
SIGNATURE	Signature, types	or printed name of registered ager	nt and title if applicable.	(NOTE	- Danietera	d Agent signature re			DATE		
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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.