


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P93000052047 1. Entity Name HAIR 'N PLACE CORP. |  |
|--|---|

| | |
|--|--|
| Principal Place of Business 151 NE 150TH N MIAMI, FL 33161 | Mailing Address 151 NE 150TH N MIAMI, FL 33161 |
|--|--|

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 65-0455259 | 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 LINWOOD, YOLETTE 151 NE 150TH N MIAMI, FL 33161 | 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| | | |
|---|--|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
|---|--|--|

| | | |
|--|---|---------------------------------------|
| 10. OFFICERS AND DIRECTORS | | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LINWOOD, TALBERT 151 NE 150TH N MIAMI, FL 33161 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST LINWOOD, YOLETTE 151 NE 150TH N MIAMI, FL 33161 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |

U00000726762
05/04/07-80021-004 150.00

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: Yolette Linwood 4/17/07 305 7877340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #