

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000029824

Entity Name: NELSON'S HAIR SALON, INC.

FILED
Jan 12, 2006
Secretary of State

Current Principal Place of Business:

3009 AVENTURA BLVD.
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

PO BOX 802208
AVENTURA, FL 33280

New Mailing Address:

FEI Number: 65-0487646

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COBA, DAVID
3009 AVENTURA BLVD.
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: COBA, NELSON
Address: 3009 AVENTURA BLVD
City-St-Zip: MIAMI, FL 33180

Title: P () Delete
Name: COBA, DAVID
Address: 3009 AVENTURA BLVD.
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: COBA, NELSON
Address: 110 N. FEDERAL HWY. #102
City-St-Zip: HALLANDALE, FL 33009

Title: P (X) Change () Addition
Name: COBA, DAVID
Address: 110 N. FEDERAL HWY. #102
City-St-Zip: HALLANDALE, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID COBA

P

01/12/2006

Electronic Signature of Signing Officer or Director

Date