

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000034211

1. Entity Name
HAIR BIZ STYLISTS, INC.



Principal Place of Business Mailing Address

**760 W HAMPSHIRE BLVD
 PINE SPRINGS PLZ
 CITRUS SPRINGS FL 34434** **760 W HAMPSHIRE BLVD
 PINE SPRINGS PLZ
 CITRUS SPRINGS FL 34434**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/07)

4. FEI Number **59-3242211** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**TAJE, DARLENE H
 760 W HAMPSHIRE BLVD
 PINE SPRINGS PLZ
 CITRUS SPRINGS FL 34434**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature typed or printed name of registered agent and title, if applicable. NOTE: Registered Agent signature required when re-organizing.

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	TAJI, DARLENE H
STREET ADDRESS	760 W HAMPSHIRE BLVD
CITY- ST- ZIP	DUNNELLON FL 34434
TITLE	VP <input type="checkbox"/> Delete
NAME	TRAJI, ARTHUR
STREET ADDRESS	760 W HAMPSHIRE BLVD
CITY- ST- ZIP	DUNNELLON FL 34434
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAJI, DARLENE H
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARLENE H. TAJE *Darlene H Taje* **4-9-08** **352-7460010**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, 999 Phone #