2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000060764

1. Entity Name
HAIR PERFORMANCE, INC.

Principal Place of Business	Mailing Address
989 E COMMERCIAL BLVD FT LAUDERDALE, FL 33334	989 E COMMERCIAL BLVD FT LAUDERDALE, FL 33334

04092005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0053419	Not Applicable

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

6. Name and Address of Current Registered Agent

ROFES, SONJA
989 E COMMERCIAL BLVD
FT LAUDERDALE, FL 33334

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

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, 2005 Fee will be $550.00

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

U000000313635
04/18/05-80135-001 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROFES, SONJA
STREET ADDRESS	989 E COMMERCIAL BLVD
CITY-ST-ZIP	FT LAUDERDALE, FL 33334

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ SONJA ROFES   4/9/05   954 491-0959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #