


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90029 013 \*\*\*158.75

<b>DOCUMENT # P94000067562</b> 1. Entity Name <b>WIGS FOR YOU OF ADVENTURA, INC.</b>			
Principal Place of Business <b>5690 WASHINGTON STREET HOLLYWOOD FL 33023 US</b>		Mailing Address <b>5690 WASHINGTON STREET HOLLYWOOD FL 33023 US</b>	
2. Principal Place of Business <b>3500 W. Hallandale Bch Blvd</b> Suite, Apt. #, etc. <b>GROUND FLOOR</b> City & State <b>Pembroke Park, FL</b> Zip <b>33023</b> Country <b>USA</b>		3. Mailing Address <b>3500 W. Hallandale Bch Blvd</b> Suite, Apt. #, etc. <b>GROUND FLOOR</b> City & State <b>Pembroke Park, FL</b> Zip <b>33023</b> Country <b>USA</b>	
4. FEI Number <b>65-0526651</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		1st MOORE CR2E034 (10/04)	
6. Name and Address of Current Registered Agent  <b>HACKER, GARY 3300 NORTH 29TH AVENUE SUITE #102 HOLLYWOOD FL 33020</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <b>SCHOONOVER, RICHARD</b> <b>5348 SW 34 WAY</b> <b>HOLLYWOOD FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD <b>SCHOONOVER, BLANCA</b> <b>5348 SW 34 WAY</b> <b>HOLLYWOOD FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Blanca Schoonover</u> <b>Blanca Schoonover</b> 1-28-05 954-963-9680 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			