₹2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000076405

1. Entity Name

HAIR RENAISSANCE UNLIMITED INC.



Principal Place of Business

4319 W SUNRISE BLVD PLANTATION, FL 33313

Mailing Address

4319 W SUNRISE BLVD PLANTATION, FL 33313

FILED Apr 25, 2007 08:00 A Secretary of State



CR2E034 (11/05)

Fee Required

DC)	V	O	T	V	VR	IT	Έ	IN	1	Th	11	S	SF	PA	CE
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4. FEI Number	Applied For
65-0530355	Not Applicabl
5. Certificate of Status Desired	\$8.75 Additional

6. Name and Address of Current Registered Agent

MODAS, DANIEL A 1001 S ANDREWS AVE #102 FT LAUDERDALE, FL 33335

DO NOT WRITE IN THIS SPACE

No Chg-P

02262007

FT LAUDE	RDALE, FL 33335		IN THIS SPACE						
8. The above the obligat	named entity submits this statement for the purpose of changing its registerions of registered agent.	red office or r	egistered agent, or bot	h, in the State of Florida. I	am familiar with, and accept				
SIGNATURE.		rød Agent signature	required when reinstating)	DATE					
'- FIL After M	ENOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees		•				
10.	. OFFICERS AND DIRECTORS		<u> </u>						
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PD TURNER, BEVERLY P 3551 NW 26 ST LAUDERDALE LAKES, FL 33311			00000073	33486				
TITLE NAME STREET AODRESS CITY+ST-ZIP					0087-005 150.00				
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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 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 ampowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07 954-791