


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000071120</b> 1. Entity Name THE HAIR ATTRACTION STUDIO, INC.	
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Principal Place of Business 530 W LANCASTER ROAD ORLANDO, FL 32809	Mailing Address 530 W LANCASTER ROAD ORLANDO, FL 32809
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**DO NOT WRITE IN THIS SPACE**



04302007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3344721	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  CASTILLO, LUZ 530 W LANCASTER RD ORLANDO, FL 32809
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**DO NOT WRITE  
IN THIS SPACE**

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)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTILLO, LUZ 530 W LANCASTER RD ORLANDO, FL 32809
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05/24/07-80043-020 150.00

**DO NOT WRITE  
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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 empowered.

<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-30-07 Date	Daytime Phone #
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