## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 22, 2008 8:00 am Secretary of State

DOCUMENT # P96000002771  1. Entity Name ORLANDO'S FOR HAIR & NAILS INC.						90049 037 ***15	
Principal Place of Business		Mailing Address		3.0-			
1501 NW 2ND AVE		2298 NW 2ND AVE		.'			
STE 2 Boca Raton, Fl. 33432 US		SUITE 20 Boca raton, FL 33431 US					
2 Principal P	Inco of Pusinees - No B.O. Day #	•					
Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01172008	Chg-P	CR2E034 (12/06)	
City & State		City & State		4. FEI Number 65-0633			oplied For
Zip	Country	Zip	Country		Status Desired	\$8.75 Add	ditional
	6. Name and Address of Current	Registered Agent		7. Name and A	Address of New I	Registered Agent	<del></del>
PORRO, ORLANDO			Name				
1501 NW 2ND AVE - #2		Street Address		(P.O. Box Number is Not Acceptable)			
BOCA RATON, FL 33432							
			City			FL Zip Cod	e
8. The above	named entity submits this statement for	or the purpose of changing its re	egistered office or regis	tered agent, or both	, in the State of Fi	,	and accept
the obligati	ions of registered agent.			J.,	,	,	т постр
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature requi			·	····
			negistereri Agent signalure requi	ired when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campaig	n Financing\$	5.00 May Be dded to Fees		DATE	
	ay 1, 2008 Fee will be \$550. OFFICERS AND	9. Election Campaig Trust Fund Contrib	n Financing\$	5.00 May Be dded to Fees	HANGES TO OF	DATE	S IN 11
After Ma	OFFICERS AND	9. Election Campaig Trust Fund Contrib	n Financing \$ pution. A	5.00 May Be dded to Fees	CHANGES TO OF		S IN 11
After Ma	ay 1, 2008 Fee will be \$550. OFFICERS AND	9. Election Campaig Trust Fund Contrib	n Financing \$	5.00 May Be dded to Fees	CHANGES TO OF	FICERS AND DIRECTOR	
After Ma  10.  HILE  NAME	OFFICERS AND D PORRO, ORLANDO	9. Election Campaig Trust Fund Contrib	n Financing \$ pution. And	5.00 May Be dded to Fees	HANGES TO OFI	FICERS AND DIRECTOR	
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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 truskee 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 ardress, with all other like empowered.

SIGNATURE:

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MARE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR