


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000013907

1. Entity Name
PONCE HAIR DESIGNS, INC.



Principal Place of Business 3501-P N. PONCE DE LEON BLVD. ST. AUGUSTINE, FL 32084 US	Mailing Address 3501-P N. PONCE DE LEON BLVD. ST. AUGUSTINE, FL 32084 US
---	---

DO NOT WRITE IN THIS SPACE



04042006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3368285	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent

**PONCE, LOLA H
 3501-P N. PONCE DE LEON BLVD.
 SAINT AUGUSTINE, FL 32084**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE D	PONCE, LOLA H 3501-P N. PONCE DE LEON BLVD. SAINT AUGUSTINE, FL 32084
TITLE PVST	PONCE, LOLA H 3501-P N. PONCE DE LEON BLVD. SAINT AUGUSTINE, FL 32084
TITLE NAME	
TITLE NAME	
TITLE NAME	
TITLE NAME	

U00000508826
 04/28/06-80015-024 150.00

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: *Lola H Ponce* April 12, 2006 904 825 0535

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