


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000013907 1. Entity Name PONCE HAIR DESIGNS, INC.	
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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
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DO NOT WRITE IN THIS SPACE

FILED
Aug 11, 2008 08:00 AM
Secretary of State



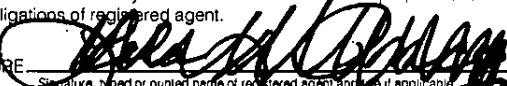
02112008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3368285	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PONCE, LOLA H 3501-P N. PONCE DE LEON BLVD. SAINT AUGUSTINE, FL 32084
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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 date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PONCE, LOLA H 3501-P N. PONCE DE LEON BLVD. SAINT AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST PONCE, LOLA H 3501-P N. PONCE DE LEON BLVD. SAINT AUGUSTINE, FL 32084
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<p>U00000957461 08/11/08-80002-007 550.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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.	
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>March 3, 2008</u> Daytime Phone #: <u>904-814-2419</u>