


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000024025</b> 1. Entity Name JO'S HAIR STYLING FOR MEN, INC.	
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Principal Place of Business 3325 GRIFFIN ROAD., STE. 4 DANIA, FL 33312	Mailing Address 3325 GRIFFIN ROAD., STE. 4 DANIA, FL 33312
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<b>DO NOT WRITE IN THIS SPACE</b>
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04072008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0650019	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  VASIL, JAMES J 9117 SW 52ND CT COOPER CITY, FL 33328
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	U00000895754 04/24/08-80080-014 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV VASIL, JAMES J 9117 52ND COURT COOPER CITY, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST VASIL, JOANN 9117 52ND COURT COOPER CITY, FL 33328
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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:** Joann Vasil Secy 4/11/08 9549621121  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #