## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED May 03, 2007 08:00 A Secretary of State DOCUMEN # P96000035915 1. Entity Name MARIA ELENA'S HAIR DESIGN, INC. Principal Place of Business Mailing Address 118 S. BARFIELD DR. 118 S. BARFIELD DR. SUITE B SUITE B MARCO ISLAND FL 34145-5142 MARCO ISLAND FL 34145-5142 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0662129 Not Applicable Zıp ---Zip- --- ---Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PUJOL, MARIA E Street Address (P.O. Box Number is Not Acceptable) 118 S. BARFIELD DR. SUITE B MARCO ISLAND FL 34145-5142 Zip Code 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, typed or printed name of registered agent and title it applicable. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete ☐ Change Addition THE PUJOL, MARIA E NAME NAME 118 S. BARFIELD DR. STREET ADDRESS STREET ADDRESS MARCO ISLAND FL 34145-5142 CITY-SI-ZIP CITY-ST-71P HILE ☐ Delete THEF Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete HILL Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP U000007'56885 Change ☐ Defete TITLE ☐ Addition 05/23/07-80050-009 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete IIILE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

30/07 239-394-5222 Dayling Phone #

if changed, or on an attachment with an address

SIGNATURE: