


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000039998 1. Entity Name VOGUE HAIR DESIGN, INC.	
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Principal Place of Business 3551 NORTH WEST 91 LANE SUNRISE, FL 33351	Mailing Address 3551 NORTH WEST 91 LANE SUNRISE, FL 33351
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DO NOT WRITE IN THIS SPACE



04132005 No Chg-P CR2E034 (10/03)

4. FEI Number 65 0756770	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 PITTER, CARL S 7447 NORTH WEST 57TH STREET TAMARAC, FL 33319

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	DPT LINTON, AUDREY 3551 NORTH WEST 91 LANE SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LINTON, GEORGE 3551 NORTH WEST 91 LANE SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT LINTON, ROBERT 3551 NORTH WEST 91 LANE SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LINTON, MICHAEL 3551 NORTH WEST 91 LANE SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/26/05-80062-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: George Linton VPD 4-19-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #