

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 26, 2006 8:00 am
Secretary of State

07-26-2006 90003 033 ***150.00

DOCUMENT # P97000081115

1. Entity Name
FANCY HAIR, INC.



Principal Place of Business
**1301 NE MIAMI GARDENS DR
UNIT #5
NORTH MIAMI BEACH, FL 33179**

Mailing Address
**1301 NE MIAMI GARDENS DR
UNIT #5
NORTH MIAMI BEACH, FL 33179**

50023266



07182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0789339

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LOPEZ, AURORA A
55 WEST 35 STREET
HIALEAH, FL 33012**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LOPEZ, AURORA A
55 WEST 35 STREET
HIALEAH, FL 33012**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Aurora A Lopez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-06
Date

Daytime Phone #

ATTACHMENT

50023266
#P9700008115

July 19, 2006

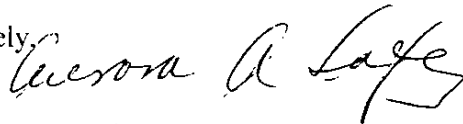
Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

Dear Sir or Madam:

I never received the Annual Report before May 2006. I got, a few days ago, a card with instructions to file the Report. A friend of mine did me the favor of requesting a copy of the Report through the internet, which I am filing now.

Please do not penalize me for late filing because I do not think is my fault and accept my payment of \$150.00. I run a very small salon.

Sincerely,



Aurora Lopez *A.*
1301 NE Miami Gardens Dr. #5
North Miami Beach, FL 33179