2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

of the corporation or the receiver or trustee if changed, or on an attachment with ap ad-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 💆

Jul 07, 2008 8:00 am Secretary of State DOCUMENT # P98000025714 1. Entity Name 07-07-2008 90003 004 ***150.00 HAIR YOUTH, INC. Principal Place of Business Mailing Address 2343 CORAL WAY 2343 CORAL WAY MIAMI FL 33145 **MIAMI FL 33145** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State Applied For City & State 4. FEI Number 65-0826739 Not Applicable Zip Country 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 MENDEZ, ROSA Street Address (P.O. Box Number is Not Acceptable) 1240 SW 30 AVE **MIAMI FL 33135** City 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 Signature, typed or printed name of registered agent and the 4 applicacion (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, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition MENDEZ, ROSA NAME NAME STREET ADDRESS 1240 SW 30 AVE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33135** CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME CARALT, MARIA STREET ADDRESS 1240 SW 30 AVE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33135 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 true ampoying do to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

FILED

Daytime Phone •

A RENAISSANCE STUDIO

flair Youth

DIVISION OF Corporations Annual Report Section P.O. Box 6850 Talahassee, FL. 32314 4/24/08

ATTACHMENT

pago00025714

To whom it may concern;

The following is to inform you that I did not received the forms to file my annual report. I contacted the Div. of Corp. to have the forms sent to me. Of course by this time the forms are late but I don't believe that I should have to pay a late fee or penalty because I never received notification or the forms to file. When I called you the pre-recorded message explained what I had to do. I hope this explanation is sufficient but if you need any additional information please feel free to contact me. I really would appreciate your assistance in this matter.

Sincerely,

Rosa Mendez