

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000083398 1. Entity Name HAIR SAFARI, INC.	
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Principal Place of Business 2016 SANTA BARBARA BLVD. NAPLES, FL 34116	Mailing Address 2016 SANTA BARBARA BLVD. NAPLES, FL 34116
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DO NOT WRITE IN THIS SPACE



03012006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3534876	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HAYES, JUDY 2016 SANTA BARBARA BLVD. NAPLES, FL 34116

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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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAFONIA, LORIAN 189 GABRIEL CIRCLE #4 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYES, JUDY 4416 17TH CT S.W. NAPLES, FL 34116
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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: <i>Judy Hayes</i> <i>Judy Hayes</i>	Date: 3-13-06 Daytime Phone: 239-318-2887
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