

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90098 023 ***150.00

DOCUMENT # P99000028353					
1. Entity Name HAIR BY RONNIE, INC.					
Principal Place of Business 6559 VIA REGINA BOCA RATON, FL 33433			Mailing Address 6559 VIA REGINA BOCA RATON, FL 33433		
2. Principal Place of Business 6618 W. Sample Road Suite, Apt. #, etc.		3. Mailing Address 6618 W. Sample Road Suite, Apt. #, etc.			
City & State Coral Springs FL		City & State Coral Springs FL		4. FEI Number 65-0907871	
Zip 33067		Country 33067		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LESK, LEONARD 7732 N.W. 78 PLACE FT. LAUDERDALE, FL 33321			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GORMAN, RONALD 6559 VIA REGINA BOCA RATON, FL 33433		TITLE NAME STREET ADDRESS CITY-ST-ZIP	6618 W. Sample Road Coral Springs FL 33067	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date _____ Daytime Phone # _____		