


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000095360
 1. Entity Name
LITTLE JOE'S BEVERLY HILLS HAIR DESIGN, INC.



Principal Place of Business Mailing Address
2323-7 DEL PRADO BLVD #138 **2323-7 DEL PRADO BLVD #138**
CAPE CORAL FL 33990-4611 **CAPE CORAL FL 33990-4611**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc Suite, Apt. #, etc

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-0959413 Not Applicable

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

6. Name and Address of Current Registered Agent
MICALE, JOSEPH P
2323-7 DEL PRADO BLVD #138
CAPE CORAL FL 33990-4611

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 DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Added to Fee
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	MICALE, JOSEPH P	2323-7 DEL PRADO BLVD #138	CAPE CORAL FL 33990-4611	<input type="checkbox"/>
V	MICALE, GEORGINA	2323-7 DEL PRADO BLVD #138	CAPE CORAL FL 33990-4611	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Add
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing 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 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: Georgina Micala Georgina Micala Date: 4/12/06 Daytime Phone #: (239) 395-3116