


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR).

FILED
Apr 04, 2007 08:00 AM
Secretary of State

| | | | |
|---|---------|--|---------|
| DOCUMENT # P99000095360 | |  | |
| 1. Entity Name LITTLE JOE'S BEVERLY HILLS HAIR DESIGN, INC. | | | |
| Principal Place of Business 2323-7 DEL PRADO BLVD #138 CAPE CORAL FL 33990-4611 | | Mailing Address 2323-7 DEL PRADO BLVD #138 CAPE CORAL FL 33990-4611 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| MICALE, JOSEPH P 2323-7 DEL PRADO BLVD #138 CAPE CORAL FL 33990-4611 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |



1st MOORE CR2E034 (10/06)

| | | | |
|----------------------------------|------------|--------------------------|--------------------------------|
| 4. FEI Number | 65-0959413 | Applied For | <input type="checkbox"/> |
| | | Not Applicable | <input type="checkbox"/> |
| 5. Certificate of Status Desired | | <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <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 | PD MICALE, JOSEPH P 2323-7 DEL PRADO BLVD #138 CAPE CORAL FL 33990-4611 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000690458 04/11/07-80079-001 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MICALE, GEORGINA 2323-7 DEL PRADO BLVD #138 CAPE CORAL FL 33990-4611 <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 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 MICALE* 4/1/07 (239) 395-3116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #