## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Apr 23, 2008 08:00 AN 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 - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0959413 Not Applicable Zip Country Ζp Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MICALE, JOSEPH P Street Address (P.O. Box Number is Not Acceptable) 2323-7 DEL PRADO BLVD #138 CAPE CORAL FL 33990-4611 Zip Code City 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 land accept the culigations of registered agent. SIGNATURE \_\_\_\_\_\_ Square, typed or printed harm of registred inject and the Tarbicacie (NOTE: Registered Agor's agenture required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Derete TITLE ☐ Change ☐ Addition MICALE, JOSEPH P 000000916188 STREET ADDRESS 2323-7 DEL PRADO BLVD #138 STREET ADDRESS 05/12/08-80018-010 150.00 CITY-ST-702 CAPE CORAL FL 33990-4611 CITY-ST-ZIP TIT: F Derete ПΠЕ ☐ Change ☐ Addition MICALE, GEORGINA NAME STREET ADDRESS 2323-7 DEL PRADO BLVD #138 STREET ADDRESS CITY-ST-7IP CAPE CORAL FL 33990-4611 CITY - ST - ZIP ITTLE Derete TITLE Change TT Addition MARIT NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY-ST-ZIP mug Delete TITLE Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-SE-ZIP Derete IIILE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP TITLE De-ale TILLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 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 charged, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

**SIGNATURE** 

OITY-ST-ZIP

SOTHING MULLE GOOG INA M. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/08 (239)395-311