2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## FILED Apr 11, 2005 08:00 AM Secretary of State DOCUMENT # S00468 1. Entity Name VANITY HAIR & NAILS, INC. Principal Place of Business Mailing Address 830 EAST OAKLAND PARK BLVD 830 E OAK PARK BLVD SUITE 120 FORT LAUDERDALE FL 33334 SUITE 120 FT LAUDERDALE FL 33334 2, Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0247936 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAUGHENBAUGH, DIANE Street Address (P.O. Box Number is Not Acceptable) 830 E OAK PARK BLVD SUITE 120 FT LAUDERDALE FL 33334 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE U00000299323 □ Change 04/11/05-80105-004 150.00 Change ☐ Addition NAME DAUGHENBAUGH, DIANE NAME STREET ADDRESS 835 EAST OAKLAND PARK BL STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP CITY - ST - ZIP HILE DS Delete TITLE Addition Change NAME SPITZMILLER, CAROL STREET ADDRESS 835 E OAKLAND PARK BLVD. STREET ADDRESS CITY-ST-7IP FT. LAUDERDALE FL CITY-ST-ZIP THE **VDS** Delete THE Change Addition NAME SPITZMILLER, CAROL NAME STREET ADDRESS 830 E OAK PK BLVD, SUITE 120 STREET ADDRESS CITY - ST-ZIP FT LAUDERDALE FL CITY-SI-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE 🔲 Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). 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

954564-6439