


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
*APR 27 2006* - 08:00 AM  
Secretary of State

<b>DOCUMENT # S30787</b> 1. Entity Name <b>PATRICK'S HAIR DRESSING SALON, INC.</b>	
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Principal Place of Business <b>180 CRANDON BLVD SUITE 112 KEY BISCAYNE, FL 33149-1502 US</b>	Mailing Address <b>4651 SW 97TH CT. MIAMI, FL 33165-5755 US</b>
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01082006 No Chg-P CRZED34 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

8. Name and Address of Current Registered Agent  <b>HANSON, WILLIAM L 4651 SW 97TH CT MIAMI, FL 33165</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 registering) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MAYO, PATRICK 4651 S.W. 97TH CT MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HANSON, WILLIAM L 4651 S.W. 97TH CT MIAMI, FL
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04/29/06-80035-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: *W.L. Hanson* **W.L. HANSON** 4-10-06 305554.1448  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #