


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 23, 2008 8:00 am
Secretary of State

06-23-2008 90003 031 ***150.00

DOCUMENT # S54615	
1. Entity Name MIAMI HAIR AND NAIL STUDIO, INC.	

Principal Place of Business 1178 N.W. 54 ST 1178 MIAMI FL 33127 US	Mailing Address 842 NW 204 ST MIAMI FL 33169 US
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2. Principal Place of Business - No P.O. Box # 1178 N.W. 54 ST.	3. Mailing Address 842 N.W. 204 ST
Suite, Apt. #, etc. 1178	Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/08)

City & State Miami Fla	City & State Miami Fla
Zip 33127	Zip 33169
Country DADE	Country DADE

4. FEI Number 65-0266378	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CRAIG, DONNELL 2000 TOWERSIDE TERRACE PENTHOUSE #9 MIAMI FL 33138	
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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 Stephanie J. Craig	DATE 6/17/08
<small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

**FILE NOW!!! FEE IS \$550.00
DUE BY September 3, 2008
Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

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

10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME CRAIG, STEPHANIE J	
STREET ADDRESS P.O. BOX 53101	
CITY-ST-ZIP MIAMI FL 33153	
TITLE V.P.	<input checked="" type="checkbox"/> Delete
NAME DONNELL CRAIG	
STREET ADDRESS 842 N.W. 204 ST	
CITY-ST-ZIP MIAMI FL 33169	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Stephanie J. Craig	DATE: 6/17/08	PHONE: 305-752-1222
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		