2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 21, 2008 08:00 Al DOCUMENT # S82831 **Secretary of State** TIJERAZO HAIR STYLIST, INC. Principal Place of Business Mailing Address 8901 W. CLUSTER AVENUE 3409 N ARMEDIA AVE TAMPA, FL 33607 TAMPA, FL 33615 US No Chg-P CR2E034 (11/05) 01172008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3090670 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MENDOZA, JESUS DO NOT WRITE 8901 W. CLUSTER AVENUE TAMPA, FL 33615 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. DATE: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE V00000865045 MENDOZA, JESUS NAME 04/07/08-80013-002 150.00 STREET ADDRESS 1301 E OSBORNE AVE CITY - ST - ZIP TAMPA FL, TITLE MENDOZA, MARIA E NAME 1301 E OSBORNE AVE STREET ADDRESS CHTY-ST-ZIP TAMPA FL. TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME

FILED

12. Thereby certify that the information supplied with this filling 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:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF BIODING OFFICER OR DIRECTOR

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