


FILED
Feb 24, 2006 8:00 am
Secretary of State

1/7

01-20-2006 90036 047 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000033287			
1. Entity Name A LA MODE HAIR STUDIO INC.			
Principal Place of Business 15533 MIAMI LAKES WAY NORTH UNIT 203 MIAMI LAKES, FL 33014		Mailing Address 15533 MIAMI LAKES WAY NORTH UNIT 203 MIAMI LAKES, FL 33014	
2. Principal Place of Business 6710 MAIN STREET Suite, Apt. #, etc. 130 City & State MIAMI LAKES FL Zip 33014 Country USA		3. Mailing Address 15533 MIAMI LAKES WAY NORTH Suite, Apt. #, etc. 203 City & State MIAMI LAKES FL Zip 33014 Country USA	
01102006 Chg-P CR2E034 (11/05)		4. FEI Number 550891644 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent RUA, MARIE 15533 MIAMI LAKES WAY NORTH UNIT 203 MIAMI LAKES, FL 33014		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 _____ <small>Signature, typed or printed name of registered agent and file if applicable.</small>		DATE _____ <small>(NOTE: Registered Agent signature required when re-registering)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RUA, MARIE 15533 MIAMI LAKES WAY NORTH UNIT 203 MIAMI LAKES, FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Maria Rue</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>1/10/06</u> Daytime Phone #: <u>305 821 0510</u>	

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