2004 FOR PROFIT CORPORATION ANNUAL REPORT

3/7

FILED
Apr 08, 2004 8:00 am
Secretary of State
03-24-2004 90027 024 ***150.00

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DOCUMENT # P03000156266

1. Entity Name
NIE P.M.C. HAIR SALON CORP.

Principal Place of Business	Mailing Address
1001 SAMPLE ROAD 2 EAST POMPANO BEACH, FL 33064	1001 SAMPLE ROAD 2 EAST POMPANO BEACH, FL 33064

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03092004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3774784 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MASGO, CYNTHIA
1001 SAMPLE ROAD
2 EAST
POMPANO BEACH, FL 33064

7. Name and Address of New Registered Agent

Name: Mirna Trimino
Street Address (P.O. Box Number is Not Acceptable): 1001 Sample Rd, 2 East
City: Pompano Beach FL Zip Code: 33064

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: Mirna C Trimino Mirna Trimino, President DATE: 3/15/04
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
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 MASGO, CYNTHIA 1001 SAMPLE ROAD, 2 EAST POMPANO BEACH, FL 33064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President MASGO, Cynthia 1001 Sample Rd, 2 EAST Pompano Bch, FL 33064	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Mirna Trimino 1001 Sample Rd, 2 East Pompano Bch, FL 33064	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Pirinda Mondragon 1001 Sample Rd, 2E Pompano Bch, FL 33064	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: Mirna C Trimino President 3-15-04 (954) 781-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #