

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90129 046 ***150.00

DOCUMENT # F30567

1. Entity Name
DOM & DAN COIFFURES, INC.



Principal Place of Business

**181 99 NE 19 AVE
N MIAMI BCH, FL 33162**

Mailing Address

**181 99 NE 19 AVE
N MIAMI BCH, FL 33162**

14015805



01212005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2124119

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WALSH, JOAN
18199 NE 181 ST
MIAMI BEACH, FL 33162**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WALSH, JOAN
STREET ADDRESS	18199 NE 19TH AVE
CITY-ST-ZIP	N MIAMI BCH, FL 00000,
TITLE	VP
NAME	WALSH, DANIEL R JR.
STREET ADDRESS	18199 NE 19TH AVE
CITY-ST-ZIP	N MIAMI BCH, FL 33162
TITLE	WALSH THOMAS
NAME	18199 NE 19 AVE
STREET ADDRESS	N MIAMI BCH FL 33162
CITY-ST-ZIP	
TITLE	TABER JOANNE
NAME	18199 NE 19 AVE
STREET ADDRESS	N MIAMI BCH FL 33162
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Joan Walsh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #