

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F30567

Entity Name

JOAN & DAN COIFFURES, INC.



Principal Place of Business

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

Mailing Address

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



01052006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2124119

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WALSH, JOAN
181 99 NE 181 ST
MIAMI BEACH, FL 33162**

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**1100000396646
01/30/06-80017-017 150.00**

OFFICERS AND DIRECTORS

PD
WALSH, JOAN
18199 NE 19TH AVE
N MIAMI BCH, FL 00000,

VP
WALSH, DANIEL R
18199 NE 19TH AVE
N MIAMI BCH, FL 33162

ADDRESS
ST-CP

ADDRESS
ST-CP

ADDRESS
ST-CP

ADDRESS
ST-CP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #