2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 27, 2007 08:00 AM **Secretary of State**

Applied For

Daytime Phone #

Not Applicable

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 187 99 NE 19 AVE N MIAMI BCH, FL 33162	



No Chg-P CR2E034 (11/05) 07232007 DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2124119 \$8.75 Additional 5. Certificate of Status Desired Fee Required

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

6. Name and Address of Current Registered Agent

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

SIGNATURE:

DO NOT WRITE IN THIS SPACE

The obligations of registered agent. SIGNATURE Signature, typod or printed name of registered agent and the if applicable (NOTE Registered Agent signature required when reinstating) DATE						
FILE NOWIN FEE IS \$150,00 9. Election Camp		Election Campaign Fina Frust Fund Contribution	incing _	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIRECT PD WALSH, JOAN 18199 NE 19TH AVE N MIAMI BCH, FL 00000, VP	PTORS			U00000770648 07/27/07-80001-001 150.00	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	WALSH, DANIEL R 18199 NE 19TH AVE N MIAMI BCH, FL 33162			DO	NOT WRITE	
THE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
THE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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.						