

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

**FILED**  
**Jul 30, 2008 08:00 AM**  
**Secretary of State**



07082008 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 <input type="checkbox"/>	\$8.75 Additional Fee Required

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$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. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WALSH, JOAN 18199 NE 19TH AVE N MIAMI BCH, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WALSH, DANIEL R 18199 NE 19TH AVE N MIAMI BCH, FL 33162
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U000000956633  
07/30/08-80003-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/08

Date

305-945-5241

Daytime Phone #