

2007 FOR PROFIT CORPORATION - ANNUAL REPORT (AR)

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90016 025 ***150.00

DOCUMENT # F53965

1. Entity Name

PAUL MITCHELL SYSTEMS, INC.



Principal Place of Business

2780 W FLAGLER ST.
MIAMI F 33135
US

Mailing Address

% JOHN H. TEST, P.A.
~~XXXXXX~~ 13501 SW 136 St.
~~XXXXXX~~ Ste. 202, Miami, FL 33186

2. Principal Place of Business - No P.O. Box #

3. Mailing Address c/o JOHN TEST, PA
13501 SW 136 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Ste. 202

City & State

City & State
Miami, FL

Zip

Country

Zip

Country

33186

USA

4. FEI Number 59-2143649

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TEST, SANDRA L ESQ.

~~XXXXXX~~ 13501 SW 136 Street
~~XXXXXX~~ Suite 202
~~XXXXXX~~ Miami, FL 33186

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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
ST
MARTENS, SHERRI A.
1025 NW 11TH AVENUE
MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPST
MARTENS, SHERRI A.
3272 Virginia Street, Miami, FL 33133 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
MARTENS, ALICIA
1025 NW 11TH AVENUE
MIAMI FL ☒ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Sherri A. Martens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sherri A. Martens, President (305)541-8006

3/2/07

Daytime Phone #