

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # G53002

1. Entity Name

FRANK FINI'S MEN'S HAIR CENTER, INC.



Principal Place of Business

% FRANK FINI
5100 W. COMMERCIAL BLVD.
TAMARAC FL 33319-2834

Mailing Address

% FRANK FINI
5100 W. COMMERCIAL BLVD.
TAMARAC FL 33319-2834



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/05)

Zip

Country

Zip

Country

4. FEI Number

59-2315482

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

FINI, FRANK
5100 W. COMMERCIAL BLVD.
TAMARAC FL

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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME FINI, FRANK
STREET ADDRESS 5100 W COMMERCIAL BLVD
CITY-ST-ZIP TAMARAC FL 33319-2834

TITLE ☐ Change ☐ Add
NAME ☐ Change ☐ Add
STREET ADDRESS 000000418844
CITY-ST-ZIP 02/14/06-80023-011 150.00

TITLE DST ☐ Delete
NAME FINI, CAROL
STREET ADDRESS 5100 W COMMERCIAL BLVD
CITY-ST-ZIP TAMARAC FL 33319-2834

TITLE ☐ Change ☐ Add
NAME ☐ Change ☐ Add
STREET ADDRESS ☐ Change ☐ Add
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CITY-ST-ZIP ☐ Change ☐ Add

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 807, Florida Statutes; and that my name appears in Block 10 or 11, if changed, or on an attachment with an address, with an officer like empowered.

SIGNATURE:

Frank Fini

FRANK FINI

2-1-06

954-485-766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #