

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90056 050 ***150.00

DOCUMENT # K60381

1. Entity Name

HANNAH & HER SCISSORS, INC.



Principal Place of Business

**451 41ST ST
MIAMI BEACH FL 33140
US**

Mailing Address

**451 41ST ST
MIAMI BEACH FL 33140
US**

54028401



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0146005**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LASKY, DEBBY HANNAH
666 NE 68TH ST
MIAMI FL 33138**

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, 2004 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 **PVS** ☒ Delete
NAME **LASKY, DEBBY HANNAH**
STREET ADDRESS **1760 LENOX AVENUE #1**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **PVS** ☒ Change ☐ Addition
NAME **LASKY, DEBBY HANNAH**
STREET ADDRESS **666 NE 68th Street**
CITY-ST-ZIP **MIAMI, Florida 33138**

TITLE **TD** ☒ Delete
NAME **LASKY, DEBBY HANNAH**
STREET ADDRESS **1760 LENOX AVENUE #1**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **TD** ☒ Change ☐ Addition
NAME **LASKY, DEBBY HANNAH**
STREET ADDRESS **666 NE 68th Street**
CITY-ST-ZIP **MIAMI, Florida 33138**

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Debbi Hannah Lasky **DEBBY HANNAH LASKY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/04
Date

305-673-1408
Daytime Phone #