


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Aug 07, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # L33559</b> 1. Entity Name SERGE HAIR, INC.	
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Principal Place of Business 3141 COMMODORE PLAZA COCONUT GROVE, FL 33133 US	Mailing Address 3141 COMMODORE PLAZA COCONUT GROVE, FL 33133 US
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07312007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0163793	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

RENARD, SERGE  
2843 S BAYSHORE DR #11-B  
MIAMI, FL 33131

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RENARD, SERGE 2843 S BAYSHORE DR #11B MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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000000771632  
08/07/07-80010-011 550.00

**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

7/31

Date

305-447-0265

Daytime Phone #