

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M24349</b>	
1. Entity Name DORIS BEAUTY SALON NO. 2 INC.	

Principal Place of Business 419 WEST 49TH STREET # 110 HIALEAH, FL 33012 US	Mailing Address 419 WEST 49TH STREET 110 HIALEAH, FL 33012 US
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**DO NOT WRITE IN THIS SPACE**



03292008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2617792	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, DORIS  
 419 W 49 ST  
 S110  
 HIALEAH, FL 33012

**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**  
**After May 1, 2008 Fee will be \$550.00**

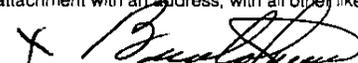
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOMEZ, DORIS 5821 NW 114 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GOMEZ, BENITO 5821 NW 114 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

100000880099  
 04/15/08-80049-006 150.00

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

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_