

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90022 004 \*\*\*150.00

**DOCUMENT # M84911**

1. Entity Name

PAUL'S INTERNATIONAL HAIR DESIGN, INC.



Principal Place of Business

~~3929 N.E. 163RD ST.~~  
~~N. MIAMI BEACH FL 33160~~

1160 Kane Concourse  
Bay Harbor Isl. Fl. 33154

Mailing Address

~~3929 N.E. 163RD ST.~~  
~~N. MIAMI BEACH FL 33160~~

8985 Bay Dr.  
Surfside Fl. 33154

2. Principal Place of Business

1160 Kane Concourse

Suite, Apt. #, etc.

3. Mailing Address

8985 Bay Dr.

Suite, Apt. #, etc.

City & State

Bay Harbor Isl. Fla.

Zip

33154

Country

U.S.A.

City & State

Surfside Fla.

Zip

33154

Country

USA.

4. FEI Number

65-0052357

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

~~KINAS, PAUL~~  
3929 N.E. 163RD ST  
N. MIAMI BEACH FL 33160

Name Kinas, Paul

Street Address (P.O. Box Number is Not Acceptable)  
1160 Kane Concourse

City Bay Harbor Island FL Zip Code 33154

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

TITLE PD ☐ Delete  
NAME KINAS, PAUL  
STREET ADDRESS 8985 BAY DR.  
CITY-ST-ZIP SURFSIDE FL

TITLE STD ☐ Delete  
NAME KINAS, ALICIA  
STREET ADDRESS 8985 BAY DR.  
CITY-ST-ZIP SURFSIDE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Alicia Kinas 2-27-04