

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90008 027 ***150.00

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1. Entity Name

THE COLOR COMPANY HAIR SALON & SKIN CARE CORP.



Principal Place of Business

**349 ARAGON AVENUE
MIAMI FL 33134**

Mailing Address

**12931 SW 81 STREET
MIAMI FL 33183**

2. Principal Place of Business - No P.O. Box #

12931 S.W. 81ST

3. Mailing Address

Suite, Apt. #, etc.

City & State

Mia. Fl

City & State

Mia. Fl

Zip

33183

Country

USA

Zip

33183

Country

USA

4. FEI Number

65-1000461

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

**ZACARIAS, SANDRA
12931 S.W. 81ST ST.
MIAMI FL 33183**

7. Name and Address of New Registered Agent

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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
ZACARIAS, SANDRA
12931 S.W. 81ST ST.
MIAMI FL 33183**

☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 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 #

Sandra Zacarias **SANDRA ZACARIAS** 4/30/08 3059924580