

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 24, 2007 8:00 am**  
**Secretary of State**

01-24-2007 90045 031 \*\*\*150.00

DOCUMENT # P00000047881

1. Entity Name

STEVEN MICHAEL'S SALON, INC.



Principal Place of Business  
20323 OLD CUTLER RD.  
MIAMI FL 33189

Mailing Address  
20323 OLD CUTLER RD.  
MIAMI FL 33189



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 65-1009607

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

KAPLAN, KIMBLERY  
20323 OLD CUTLER RD.  
MIAMI FL 33189

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 Kimberly Kaplan Kimberly Kaplan

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

(NOTE: Registered Agent signature required when reappointment)

1/17/07

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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 PD ☐ Delete  
NAME KAPLAN, KIMBERLY  
STREET ADDRESS 20323 OLD CUTLER RD.  
CITY ST ZIP MIAMI FL 33189

TITLE Director ☐ Change ☒ Addition  
NAME Hillary Clark  
STREET ADDRESS 20323 Old Cutler Rd  
CITY ST ZIP MIAMI, FL 33189

TITLE STD ☐ Delete  
NAME KAPLAN, STEVEN  
STREET ADDRESS 20323 OLD CUTLER RD.  
CITY ST ZIP MIAMI FL 33189

TITLE Director ☐ Change ☒ Addition  
NAME Denise Barbosa  
STREET ADDRESS 20323 Old Cutler Rd  
CITY ST ZIP MIAMI, FL 33189

TITLE D ☐ Delete  
NAME ROBERTS, ERIKA  
STREET ADDRESS 20323 OLD CUTLER RD.  
CITY ST ZIP MIAMI FL 33189

TITLE Director ☐ Change ☒ Addition  
NAME Rebecca Mc Clelland  
STREET ADDRESS 20323 Old Cutler Rd  
CITY ST ZIP MIAMI, FL 33189

TITLE D ☐ Delete  
NAME GARCIA, RANDY  
STREET ADDRESS 20323 OLD CUTLER RD.  
CITY ST ZIP MIAMI FL 33189

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE D ☐ Delete  
NAME CARVER, KRISTINA  
STREET ADDRESS 20323 OLD CUTLER RD.  
CITY ST ZIP MIAMI FL 33189

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE D ☐ Delete  
NAME PHELPS, ERICH  
STREET ADDRESS 20323 OLD CUTLER RD.  
CITY ST ZIP MIAMI FL 33189

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 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: Kim Kaplan Kim Kaplan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/07 305-259-4247

Date

Daytime Phone #