

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

DOCUMENT # P00000052190.

1. Entity Name

MALFER HAIR SALON, INC.



04-22-2004 90267 001 ***150.00
04-22-2004 90267 002 *****8.75

Principal Place of Business

49-08 SW 154 PL
MIAMI FL 33185

Mailing Address

49-08 SW 154 PL
MIAMI FL 33185



MOORE CR2E034 (11/03)

2. Principal Place of Business

49-08 SW 154 Place.

3. Mailing Address

49-08 SW 154 Place

Suite, Apt. #, etc.

Home.

Suite, Apt. #, etc.

Home.

City & State

Miami - FL

City & State

Miami - FL

Zip

33185

Country

U.S.A.

Zip

33185

Country

U.S.A.

4. FEI Number

65-1034157

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALFEREZ, MAURICIO
49-08 SW 159 PL
MIAMI FL 33185

7. Name and Address of New Registered Agent

Name

Mauricio Alferéz

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

49-08 SW 154 Place.

City

Miami

FL

Zip Code

33185

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)

(NOT IC: Registered Agent signature required when reinstating)

DATE

FILE NOW WITH 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	PSTD	<input checked="" type="checkbox"/> Delete
NAME	ALFEREZ, MAUCIO	
STREET ADDRESS	49-08 SW 154 PL	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFEREZ MAURICIO	
STREET ADDRESS	49-08 SW 154 Place.	
CITY-ST-ZIP	MIAMI - FL 33185.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-19-04. (305) 2078319