
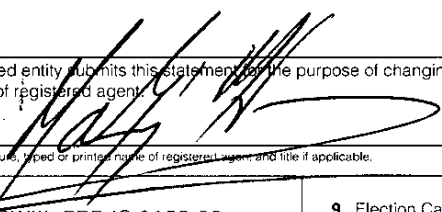
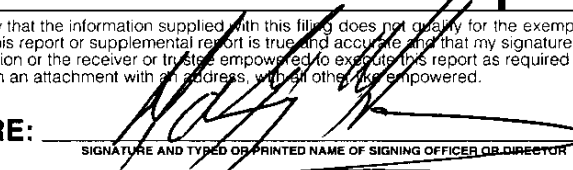


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90012 037 ***150.00

| | | | | | | |
|---|---|---|--|--|---|--|
| DOCUMENT # P00000052190 | | | |  | | |
| 1. Entity Name MALFER HAIR SALON, INC. | | | | | | |
| Principal Place of Business 49-08 SW 154 PL HOME MIAMI, FL 33185 | | | Mailing Address 49-08 SW 154 PL HOME MIAMI, FL 33185 | | | |
| 2. Principal Place of Business - No P.O. Box # 3955 SW 137 Ave | | 3. Mailing Address 3955 SW 137 Ave | | | | |
| Suite, Apt. #, etc. Suite #1 | | Suite, Apt. #, etc. Suite #1 | | | | |
| City & State Miami, Florida | | City & State Miami, Florida | | 4. FEI Number 65-1034157 | | |
| Zip 33175 | | Country Dade | | Applied For Not Applicable | | |
| Zip 33175 | | Country Dade | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent ALFEREZ, MAURICIO 49-08 SW 154 PL MIAMI, FL 33185 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | | |
| 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: | | | | | | |
| FREE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS MORENO, CLAUDIA 4908 SW 154 PLACE MIAMI, FL 33185 | | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS MORENO, CLAUDIA 3955 SW 137 Ave Ste #1 Miami, Florida 33175 | |
| VS MORENO, CLAUDIA 4908 SW 154 PLACE MIAMI, FL 33185 | | <input checked="" type="checkbox"/> Delete | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P TRIVINO, MAURICIO 4908 SW 154TH PLACE MIAMI, FL 33185 | | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ALFEREZ, MAURICIO 3955 SW 137 Ave Ste #1 Miami, Florida 33175 | |
| P TRIVINO, MAURICIO 4908 SW 154TH PLACE MIAMI, FL 33185 | | <input checked="" type="checkbox"/> Delete | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PERDOMO, ALEJANDRA 4908 SW 154TH PLACE MIAMI, FL 33185 | | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PERDOMO, ALEJANDRA 3955 SW 137 Ave Ste #1 Miami, Florida 33175 | |
| D PERDOMO, ALEJANDRA 4908 SW 154TH PLACE MIAMI, FL 33185 | | <input checked="" type="checkbox"/> Delete | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] | |
| [Empty] | | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] | |
| [Empty] | | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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 or without other power empowered. | | | | | | |
| SIGNATURE:  3/12/07. | | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | | |