

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000057613
 1. Entity Name
 ESMERALDA HAIR STYLIST & COMPANY, INC.



Principal Place of Business
 4037 W OAKRIDGE ROAD
 ORLANDO, FL 33809

Mailing Address
 4037 W OAKRIDGE ROAD
 ORLANDO, FL 33809

DO NOT WRITE IN THIS SPACE



01152008 No Chg-P CR2E034 (11/05)

| | |
|---|--------------------------------|
| 4. FEI Number 59-3652643 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

TRUJILLO, MARIA B
 4037 W OAKRIDGE ROAD
 ORLANDO, FL 32809

DO NOT WRITE IN THIS SPACE

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 *Maria Perite* DATE 1-15-08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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 | P TRUJILLO, MARIA B 4037 W OAKRIDGE ROAD ORLANDO, FL 32809 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BONILLA, OLGA 4037 W OAKRIDGE ROAD ORLANDO, FL 32809 |
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 04/09/08-80121-005 150.00

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 all other like empowered.

SIGNATURE: *Maria Perite* DATE 1-15-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #