

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91259 033 ***158.75

DOCUMENT # P00000090147

1. Entity Name
KIDS MAGIC CUTS, INC.



Principal Place of Business

15912 W. STATE RD. 84
SUNRISE, FL 33326 US

Mailing Address

15912 W. STATE RD. 84
SUNRISE, FL 33326 US

2. Principal Place of Business

15912 W STATE RD. 84

3. Mailing Address

15912 W STATE RD. 84

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282004

Chg-P

CR2E034 (10/03)

City & State

SUNRISE, FLORIDA

City & State

SUNRISE, FLORIDA

4. FEI Number

65-1042039

Applied For

Not Applicable

Zip

33326

Country

USA

Zip

33326

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JIMENEZ, LUIS A
872 STATION DRIVE
WESTON, FL 33326

7. Name and Address of New Registered Agent

Name JIMENEZ, LUIS A.

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

872 STANTON DRIVE

City WESTON

FL

Zip Code 33326

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 Luis A. JIMENEZ

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

(NOT Registered Agent Signature required when reinstating)

04/28/04

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME JIMENEZ, LUIS A
STREET ADDRESS 872 STANTON DRIVE
CITY-ST-ZIP WESTON, FL 33026

TITLE D ☐ Delete
NAME BRICENO, DEYANIRA N
STREET ADDRESS 872 STANTON DRIVE
CITY-ST-ZIP WESTON, FL 33026

TITLE D ☒ Delete
NAME LOPEZ, DAVID J
STREET ADDRESS 872 STANTON DRIVE
CITY-ST-ZIP WESTON, FL 33026

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/04

(954)
3852329

Daytime Phone #