## **2007 FOR PROFIT CORPORATION**

#### **ANNUAL REPORT** DOCUMENT # P00000095653 1. Entity Name SAN REMO COIFFURES, INC. Principal Place of Business Mailing Address 1913 HOLLYWOOD BLVD 1913 HOLLYWOOD BLVD

DO NOT WRITE IN THIS SPACE

HOLLYWOOD, FL 33020

# **FILED** Apr 23, 2007 8:00 am Secretary of State

04-23-2007 90282 048 \*\*\*158.75

400103-

04102007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1055562

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REISCHL, MANFRED 1913 HOLLYWOOD BLVD HOLLYWOOD, FL 33020

HOLLYWOOD, FL 33020

### DO NOT WRITE IN THIS SPACE

| the obligations of registered agent.   |   |                             |                      |                         |            |
|--|---|-----------------------------|----------------------|-------------------------|------------|
| , , , , , , , , , , , , , , , , , , ,  | ÷.,   |                             |                      |                         |            |
| SIGNATURE  | Signature, typed or printed name of registered agent and title if | apolicable (NOTE Registered | Agent signature requ | uired when reinstating) | DATE       |
|  |   |                             |                      |                         | ·          |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution.  |   |                             | · - •                | 5.00 May Be             |            |
| Arterm   | ay 1, 2007 Fee Will be \$550.00                                   | Trade and Commodition.      |                      | taded to 1 ccs          |            |
| 10.  | OFFICERS AND DIREC  | TORS                        |                      |                         |            |
| TITLE  | DPS   |                             |                      |                         |            |
| NAME   | REISCHL, TORBERIS   |                             |                      |                         |            |
| STREET ADDRESS   | 5474 SW 24TH AVENUE   |                             |                      |                         |            |
| CITY-ST-ZIP  | FT LAUDERDALE, FL 333127407                                       |                             |                      |                         |            |
| TITLE  | DVT   |                             |                      |                         |            |
| NAME   | REISCHL, MANFRED  |                             |                      |                         |            |
| STREET ADDRESS   | 5474 SW 24TH AVENUE   |                             |                      |                         |            |
| CITY-ST-ZIP  | FT LAUDERDALE, FL 333127407                                       |                             |                      |                         |            |
| TITLE  | · - · · · · · · · · · · · · · · · · · ·                           |                             |                      |                         |            |
| NAME   |   | I                           |                      |                         |            |
| STREET ADDRESS   |   |                             |                      |                         | NOT MOITE  |
| CITY-ST-ZIP  |   |                             |                      | DO                      | NOT WRITE  |
| TITLE  |   |                             |                      | IAI "                   | THIC CDACE |
| NAME   |   |                             |                      | IIV                     | THIS SPACE |
| STREET ADDRESS   |   |                             |                      |                         |            |
| CITY-ST-ZIP  |   |                             |                      |                         |            |
| TITLE  |   |                             |                      |                         |            |
| NAME   |   |                             |                      |                         |            |
| STREET ADDRESS   |   |                             |                      |                         |            |
| CITY-ST-ZIP  |   |                             |                      |                         |            |
| TITLE  |   |                             |                      |                         |            |
| 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 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. |   |                             |                      |                         |            |

REISCHL, MANFRED

04/20/2007

954-927-0052

Daytime Phone #

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. Lam familiar with, and accept