

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000032453

1. Entity Name
NEW YORK 2099 HAIR STUDIO, INC.



Principal Place of Business
516 SE 47TH TERR
SUITE 3
CAPE CORAL, FL 33904

Mailing Address
516 SE 47TH TERR
SUITE 3
CAPE CORAL, FL 33904



03262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1088148	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

BAEZ, JOSEFA
516 SE 47TH TERR
SUITE 3
CAPE CORAL, FL 33904

**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: *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
4/25/08

**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	P/D
NAME	BAEZ, JOSEFA
STREET ADDRESS	516 SE 47TH TERR SUITE 3
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	V
NAME	BAEZ, JOSEFA
STREET ADDRESS	516 SE 47TH TERR SUITE 3
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	S
NAME	BAEZ, JOSEFA
STREET ADDRESS	516 SE 47TH TERRACE SUITE 3
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	T
NAME	BAEZ, JOSEFA
STREET ADDRESS	516 SE 47TH TERR SUITE 3
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/29/08-80093-010 150.00

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IN THIS SPACE**

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #
239-540-0022