

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 09, 2005 8:00 am
Secretary of State

06-09-2005 90002 012 ***150.00

DOCUMENT # P01000069422

1. Entity Name
ELISHEVA'S WIG & HAIR BOUTIQUE, INC.



Principal Place of Business
**1121 NE 163 STREET
NORTH MIAMI, FL 33162**

Mailing Address
**1121 NE 163 STREET
NORTH MIAMI, FL 33162**

DO NOT WRITE IN THIS SPACE



06032005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1136546

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KORF, ELISHEVA
1121 NE 163 STREET
MIAMI, FL 33162**

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **KORF, ELISHEVA**
STREET ADDRESS **1121 NE 163 STREET**
CITY-ST-ZIP **NORTH MIAMI, FL 33162**

TITLE **ST**
NAME **OTERO, MARIO**
STREET ADDRESS **1121 NE 163 STREET**
CITY-ST-ZIP **NORTH MIAMI, FL 33162**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

5/27/05

Date

305-949-3600

Daytime Phone #