

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # P01000080024

1. Entity Name
HAIRMASTER'S STYLES, INC.



Principal Place of Business
7656 S US HWY 1
PORT ST LUCIE, FL 34952

Mailing Address
7656 S US HWY 1
PORT ST LUCIE, FL 34952



01212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1134016
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARMENDAREZ, MARIA E
1197 SE MCFARLANE AVE
PORT ST LUCIE, FL 34952

**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 Armendarez PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

14-7-08
DATE

**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

1100000840024
04/22/08-R00080-020 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ARMENDAREZ, MARIA E
STREET ADDRESS 1197 SE MCFARLANE AVE
CITY-ST-ZIP PORT ST LUCIE, FL 34952

TITLE VD
NAME ARMENDAREZ, JUAN
STREET ADDRESS 1197 SW MCFARLANE AVE
CITY-ST-ZIP PORT ST LUCIE, FL 34952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-08 772-340-1170
Date Daytime Phone #