

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000084962

1. Entity Name
MIKA'S BEAUTY SALON, INC.



Principal Place of Business
14070 WEST DIXIE HIGHWAY
NORTH MIAMI, FL 33161

Mailing Address
14070 WEST DIXIE HIGHWAY
NORTH MIAMI, FL 33161

DO NOT WRITE IN THIS SPACE

FILED
May 21, 2004 08:00 AM
Secretary of State



03052003 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0715909

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRIGILE, MECIANIE
14070 WEST DIXIE HIGHWAY
NORTH MIAMI, FL 33161

**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 8, 2004**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BRIGILE, MECIANIE
14070 WEST DIXIE HIGHWAY
NORTH MIAMI, FL 33161

U000000161152
05/21/04-80002-001 158.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Mecianie Brigile
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/04
Date Daytime Phone #