

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 02000022536

1. Entity Name  
NATURALLY "U" BRAID STUDIO, INC.



Principal Place of Business  
1241 W. THARPE ST., STE. 3  
TALLAHASSEE, FL 32303

Mailing Address  
1241 W. THARPE ST., STE. 3  
TALLAHASSEE, FL 32303

FILED

04 APR 30 AM 8:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04302004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
03-0398036

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ACOFF, MARCINA  
1241 W. THARPE ST., STE. 3  
TALLAHASSEE, FL 32303

**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 *Marcina Acoff*  
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  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**KH**

10. OFFICERS AND DIRECTORS

TITLE D  
NAME JEROME, SELENA  
STREET ADDRESS 1241 W. THARPE ST., STE. 3  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE D  
NAME ACOFF, MARCINA  
STREET ADDRESS 1241 W. THARPE ST., STE. 3  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE T  
NAME ACOFF, JARROD  
STREET ADDRESS 1241 W. THARPE ST., STE. 3  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

800036050138  
05/11/04-01032-019 \*\*150.00

**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: *Marcina Acoff*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #