

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90274 012 ***150.00

DOCUMENT # P02000041583

1. Entity Name

LATIN AMERICA HAIR TEAM, INC



Principal Place of Business

6568 NW 186TH STREET
MIAMI LAKES FL 33015-6004

Mailing Address

6568 NW 186TH STREET
MIAMI LAKES FL 33015-6004

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 01-0723142

Applied For
Not Applicable

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

SANTANA, GINNA A
5345 NW 158TH TERRACE
101
MIAMI LAKES FL 33015

7. Name and Address of New Registered Agent

Name GINNA A. SANTANA
Street Address (P.O. Box Numbers Not Acceptable)
6881 SW 35T
City Pembroke Pines FL 33023

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

GINNA SANTANA

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME P
STREET ADDRESS CARVAJAL, MARITZA A
CITY-ST-ZIP 5345 NW 158TH TERRACE
MIAMI LAKES FL 33014-6436

TITLE ☐ Delete
NAME VT
STREET ADDRESS SANTANA, SANTIAGO A
CITY-ST-ZIP 5345 NW 158TH TERRACE
MIAMI LAKES FL 33014-6436

TITLE ☐ Delete
NAME S
STREET ADDRESS SANTANA, NORALIS D
CITY-ST-ZIP 5345 NW 158TH TERRACE 101
MIAMI LAKES FL 33014-6436

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME MARITZA A. CARVAJAL
STREET ADDRESS 6881 SW 35T
CITY-ST-ZIP PEMBROKE PINES, FL 33023

TITLE ☒ Change ☐ Addition
NAME VT
STREET ADDRESS SANTIAGO A. SANTANA
CITY-ST-ZIP 6881 SW 35T
PEMBROKE PINES, FL 33023

TITLE ☒ Change ☐ Addition
NAME S
STREET ADDRESS NORALIS D. SANTANA
CITY-ST-ZIP 6881 SW 35T
PEMBROKE PINES, FL 33023

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

NORALIS D. SANTANA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04 (305) 362-3434
Date Daytime Phone #