

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 08, 2005 8:00 am
Secretary of State

07-13-2005 90015 029 ***150.00
09-08-2005 90066 049 ***400.00

DOCUMENT # P02000068423 1. Entity Name SAYBLEE'S NATURAL HAIR DESIGN INC.			
Principal Place of Business 9489 SW 160 STREET MIAMI, FL 33157		Mailing Address 8046 SW 73RD AVE #198 MIAMI, FL 33143	
2. Principal Place of Business 4958 West Hibiscus St. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 848 Brickell Key Drive apt. # 502 <small>Suite, Apt. #, etc.</small>	
City & State miami, Florida		City & State miami, Florida	
Zip 33157		Zip 33131	
Country United States		Country United States	
6. Name and Address of Current Registered Agent WILLIAMS, BILL 11373 SW 211TH STREET STE 8 MIAMI, FL 33189		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity certifies 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 _____ <small>Signature, hand or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring)</small>			
FILE NUMBER FEE IS \$850.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 </div> </div>			
TITLE PV		TITLE PV	
NAME DARSALE, SAYBLEE		NAME Darsale, Sayblee	
STREET ADDRESS 8046 SW 73RD AVE #198		STREET ADDRESS 848 Brickell Key Drive apt. #502	
CITY-STATE-ZIP MIAMI, FL 33143		CITY-STATE-ZIP MIAMI, FL 33131	
TITLE _____		TITLE _____	
NAME _____		NAME _____	
STREET ADDRESS _____		STREET ADDRESS _____	
CITY-STATE-ZIP _____		CITY-STATE-ZIP _____	
TITLE _____		TITLE _____	
NAME _____		NAME _____	
STREET ADDRESS _____		STREET ADDRESS _____	
CITY-STATE-ZIP _____		CITY-STATE-ZIP _____	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(b), 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 of trust; 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 or without the empowerment.			
SIGNATURE: <u><i>S. Sayblee Darsale</i></u> 7/9/05			

50065452



07082005 Chg-P- CR25034 (10/05)

4. FEI Number
52-2372174

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

SIGNATURE _____
Signature, hand or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring)

FILE NUMBER FEE IS \$850.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PV	<input checked="" type="checkbox"/> Delete
NAME	DARSALE, SAYBLEE	
STREET ADDRESS	8046 SW 73RD AVE #198	
CITY-STATE-ZIP	MIAMI, FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Darsale, Sayblee	
STREET ADDRESS	848 Brickell Key Drive apt. #502	
CITY-STATE-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(b), 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 of trust; 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 or without the empowerment.

SIGNATURE: *S. Sayblee Darsale*

7/9/05

Designation of

ATTACHMENT

50065452

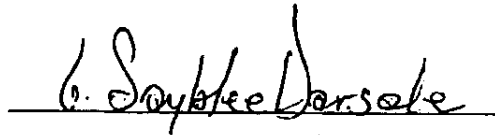
PO2000068423

August 4, 2005

To Whom It May Concern:

I did not file my annual report on time because from my notion I thought my account did that along with my taxes. However, I did not receive any reminder notice before the due date. I just recently received the notice a few months after the due date. I confronted my accountant about this notice and she said I have to file the annual report. I did not know that, however I immediately sent a check for \$150 with an annual report form. That check has been cashed, therefore please use that check to reinstate my file. Please note that this misunderstanding will never be repeated.

Thanks,



Sayblee Darsale

Sayblee's Natural Hair Design



ATTACHMENT

50065752

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

August 10, 2005

SAYBLEE'S NATURAL HAIR DESIGN INC.
848 BRICKELL KEY DRIVE
APT, # 502
MIAMI, FL 33131

Subject: SAYBLEE DARSAL SALON INC.

Reference Number: P02000068423

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF
CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-
1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LS

ANNUAL REPORTS SECTION