

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

07-03-2004 90003 031 ***150.00
P02000130363

DOCUMENT # P02000130363

1. Entity Name

DORAL'S BEAUTY SUPPLY, INC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 25 AM 8:00
02000078

Principal Place of Business
11402 NW 41 ST. BAY 111
MIAMI, FL 33178

Mailing Address
11402 NW 41 ST. BAY 111
MIAMI, FL 33178

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 03-0500432

Applied For
Not Applicable

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

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GALAZAR, JOHNNY
11428 NW 50 TERRACE
MIAMI FL 33178

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, word or printed name of agent, company and title, if applicable.

(NOTE: Registered Agent signature is required when changing)

DATE

06/24/04

FILE NOW (FREE IS \$150.00)
After May 1, 2004 Fee will be \$650.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Delete
NAME	SALAZAR, JOHNNY J	
STREET ADDRESS	11428 NW 50 TERRACE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	T	☐ Delete
NAME	GOTA, SAIKA C	
STREET ADDRESS	5600 NW 107 AVE UNIT 1409	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	VP	☐ Delete
NAME	ACOSTA, CINTHIA M	
STREET ADDRESS	5600 NW 107 AVE UNIT 1409	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	S	☒ Delete
NAME	SALAZAR, ELISCO J	
STREET ADDRESS	11428 NW 50 TERRACE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

REINSTATEMENT 04

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:

SIGNATURE AND TYPE OR PRINTED NAME OF FORMING OFFICER OR DIRECTOR

Johnny Salazar

06/24/04 (305)3425361

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Doral's Beauty Supply, Inc.

P02000130383

08/24/2004

To Division Of Corporation.

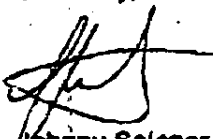
We are sending our annual report late since we got this letter back last week by June 23th-2004. We called Friday to let you know about this inconvenience but somebody told us to write a letter.

We have send our anual report normally but this time, it was out of hands to send it in time.....

Please accept the inconvenience. Along this letter, we are sending our regular check to pay the amount due...

Also in our anual report we are taken out the secretary and leaving our company with President, Vice President and Treasurer....

Sincerely,



Johnny Salazar
President.