

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90319 050 ***150.00

DOCUMENT # P03000011493

1. Entity Name
EL VARON HAIR SALON, INC.



Principal Place of Business
7014 N. ARMENIA AVENUE
TAMPA, FL 33614

Mailing Address
7014 N. ARMENIA AVENUE
TAMPA, FL 33614

14013401



2. Principal Place of Business

7014 N. Armenia Ave.

3. Mailing Address

7014 N. Armenia Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02292004

Chg-P

CR2E034 (10/03)

City & State

Tampa, Florida

City & State

Tampa, Florida

4. FEI Number

743075264

Applied For

Not Applicable

Zip

33604

Country

USA

Zip

33604

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BELTRAN, DAVID
19005 SUNLAKE BLVD.
LUTZ, FL 33558

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 reconstituting)

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BELTRAN, DAVID
7014 N. ARMENIA AVENUE
TAMPA, FL 33614

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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☐ Change ☐ Addition

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:

David Beltran David Beltran

4-24-04 (913) 933-1277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #