

FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only
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DOCUMENT # P03000015733

1. Entity Name

Honest Enterprises Inc
D.B.A. Asonipse SP2 C SALON



11 MAY 31 AM 10:57

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #

6136 Winthrop Town Centre Ave

3. Mailing Address

6136 Winthrop Town Centre Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

Riverview, FL

City & State

Riverview, FL

4. FEI Number

2000060345

Applied For

Not Applicable

Zip

33578

Country

US

Zip

33578

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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7. Name and Address of Current Registered Agent

Name

RAUL H ESPINOSA

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

12411 Windswept Ave

City

Riverview

FL

Zip Code

33569

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 re-instating)

DATE

5/10/11

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution.

Added to Fees

E-mail Address:

Asonipse.Aveda@qmail.com

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	RAUL H ESPINOSA
STREET ADDRESS	12411 Windswept Ave
CITY-ST-ZIP	Riverview FL 33569
TITLE	Secretary
NAME	Wanda I Espinosa
STREET ADDRESS	12411 Windswept Ave
CITY-ST-ZIP	Riverview FL 33569
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

900207322459
05/06/11--01039--005 **150.00

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1080
5/8/11

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817 155 F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

5/10/11 9545593499