

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90532 001 ***150.00

DOCUMENT # P03000023228

1. Entity Name
SENSATIONAL HAIR SALON, INC.



Principal Place of Business
**2096 N. UNIVERSITY DR.
PEMBROKE PINES, FL 33023**

Mailing Address
**2096 N. UNIVERSITY DR.
PEMBROKE PINES, FL 33023**

50046124



2. Principal Place of Business

6930 Stirling Rd
Suite, Apt. #, etc.

3. Mailing Address

6930 Stirling Rd
Suite, Apt. #, etc.

04292005 Chg-P CR2E034 (10/03)

City & State
Hollywood, Fla
Zip
33024 Country
Broward

City & State
Hollywood, Fla
Zip
33024 Country
Broward

4. FEI Number
41-2082535

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RODRIGUEZ, MARITZA
211 NW 77 WAY
PEMBROKE PINES, FL 33024**

7. Name and Address of New Registered Agent

Name **Nancy Serrano**

Street Address (P.O. Box Number is Not Acceptable)
7711 NW 6th Court

City **Pembroke Pines, FL** Zip Code **33024**

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 **Nancy Serrano** **NANCY Serrano**

4-29-05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SERRANO, NANCY**
STREET ADDRESS **2096 N. UNIVERSITY DRIVE**
CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

TITLE **VP** ☐ Delete
NAME **SERRANO, ALBERT**
STREET ADDRESS **7711 N.W. 6TH COURT**
CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition
NAME **Managing Director**
STREET ADDRESS **Altasracia Morales**
CITY-ST-ZIP **6109 SW 18 Street**
Miramar, Fla 33022

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: **Nancy Serrano** **Nancy Serrano** **4-29-05** **(904) 673-6163**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #