

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000038794

1. Entity Name
HAIR STUDIO II, INC.



Principal Place of Business
17061 MIRAMAR PARKWAY
MIRAMAR, FL 33027

Mailing Address
17061 MIRAMAR PARKWAY
MIRAMAR, FL 33027

FILED
Jul 17, 2008 08:00 AM
Secretary of State



07152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2111258	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, MAYDA
5471 W 59TH PLACE
HIALEAH, FL 33012

**DO NOT WRITE
IN THIS SPACE**

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 *Mayda Garcia*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-15-08
U00000955490
07/17/08-800007-007 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GARCIA, MAYDA
STREET ADDRESS	5471 W 59TH PLACE
CITY-ST-ZIP	HIALEAH, FL 33012

TITLE	
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CITY-ST-ZIP	

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IN THIS SPACE**

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 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: *Mayda Garcia*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-08

Date

954 517 9404

Daytime Phone #