

2005 FOR PROFIT CORPORATION ANNUAL REPORT

1072

DOCUMENT # P03000044843

1. Entity Name
KIO'S SHAMPOO & SERVICE, INC.



Principal Place of Business
**5316 N.W. 18TH PLACE
FORT LAUDERDALE, FL 33313**

Mailing Address
**5316 N.W. 18TH PLACE
FORT LAUDERDALE, FL 33313**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 22 AM 7:39



09112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2110117

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HAMILTON, HEADLEY
5316 N.W. 18TH PLACE
FORT LAUDERDALE, FL 33313**

**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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

9/18/05

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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	D HAMILTON, HEADLEY 5316 N.W. 18TH PLACE FORT LAUDERDALE, FL 33313
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09/22/05--01034--017 **150.00

**DO NOT WRITE
IN THIS SPACE**

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/18/05

Date

9547312655

Daytime Phone #

2 of 2

KOI'S SHAMPOO & SERVICE
Headley Hamilton
5316 NW 18 th PL
Lauderhill FL 33313

To whom it may concern,

I have just received your card in the mail in this month of September and I am not getting through to pay on line except I pay late charge, I spoke to someone in the office there, who told me I do not have to pay late charge if I pay online, however, I am still not succesful therefore, I mail you this check.. If you have any question please feel to contact me at the above address or call me at (954)731 -2655.

Yours Truly,

A handwritten signature in black ink, appearing to be 'Headley Hamilton', written over a horizontal line.