

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90055 022 \*\*\*150.00

**DOCUMENT # P03000055253**

1. Entity Name

ODA'REY BEAUTY SALON, INC.



Principal Place of Business

4891 SW 5TH ST.  
CORAL GABLES FL 33134

Mailing Address

4891 SW 5TH ST.  
CORAL GABLES FL 33134

**50012829**



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

4737 West Flagler street

3. Mailing Address

9573 SW 57 street

Suite, Apt. #, etc.

Miami Florida

Suite, Apt. #, etc.

Miami Florida

City & State

City & State

Zip 33134

Country

Zip 33173

Country

4. FEI Number

54-2362264

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CABRERA, REINALDO  
4891 SW 5TH ST.  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Reinaldo Cabrera

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

9573 SW 57 street

City Miami

FL

Zip Code 33173

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete  
NAME CABRERA, REINALDO  
STREET ADDRESS 4891 SW 5TH ST.  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VSD ☐ Delete  
NAME POZO, ODALIS  
STREET ADDRESS 4891 SW 5TH ST.  
CITY-ST-ZIP CORAL GABLES FL 33134

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 PTD ☒ Change ☐ Addition  
NAME Cabrera Reinaldo  
STREET ADDRESS 9573 SW 57 ST  
CITY-ST-ZIP Miami FL 33173

TITLE VSD ☒ Change ☐ Addition  
NAME Pozo Odalis  
STREET ADDRESS 9573 SW 57 ST  
CITY-ST-ZIP Miami FL 33173

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31/05

Date

Daytime Phone #