

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000056658

1. Entity Name

HI-TECH BEAUTY SALON CORP



FILED
Jan 29, 2007 08:00 AM
Secretary of State

Principal Place of Business

8904 S. FEDERAL HWY
PORT SAINT LUCIE FL 34952

Mailing Address

8904 S. FEDERAL HWY
PORT SAINT LUCIE FL 34952



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 54-2571386

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VASQUEZ, GLADYS
405 NE. ARMORY CIRCLE
PORT SAINT LUCIE FL 34983

Name

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

City

FL

Zip Code

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, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME VASQUEZ, GLADYS
STREET ADDRESS 405 NE. ARMORY CIRCLE
CITY- ST- ZIP PORT SAINT LUCIE FL 34983

TITLE ☐ Change ☐ Addition
NAME 000000611072
STREET ADDRESS 02/02/07-80047-018 150.00
CITY- ST- ZIP

TITLE VP ☐ Delete
NAME VASQUEZ, GLADYS
STREET ADDRESS 405 NE. ARMORY CIRCLE
CITY- ST- ZIP PORT SAINT LUCIE FL 34983

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

TITLE ☐ Delete
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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 exemptions contained in Section 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

[Signature]

TYPED AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-07 (72)337-6531

Date Daytime Phone