

2007 FOR PROFIT CORPORATION ANNUAL REPORT


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Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90233 033 ***150.00

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03152007 Chg-P CR2E034 (12/06)

DOCUMENT # P03000090339			
1. Entity Name MARIA'S HAIRSTYLIST INC.			
Principal Place of Business 3551 S.W. 139 AVE. MIRAMAR, FL 33027-3251		Mailing Address 3551 S.W. 139 AVE. MIRAMAR, FL 33027-3251	
2. Principal Place of Business - No P.O. Box # <i>14455 Miramar Pkwy</i>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Miramar FL</i>		City & State	
Zip <i>33027</i>	Country	Zip	Country
6. Name and Address of Current Registered Agent SMITH, MARIA 3551 SW 139 AVE. MIRAMAR, FL 33027-3251		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, MARIA 3551 S.W. 139 AVE. MIRAMAR, FL 33427	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Maria Smith</i>		Date: <i>03/29/07</i> Daytime Phone #: <i>(954) 447-7046</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MARIA SMITH President			