


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000102840
 1. Entity Name
 NICOLE HAIR CUT INC



FILED
Jul 16, 2008 08:00 AM
Secretary of State

Principal Place of Business
 CARNIVAL FLE MARKET
 10863 MADISON DR
 BOYNTON BEACH, FL 33437

Mailing Address
 10863 MADISON DR
 BOYNTON BEACH, FL 33437



07112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0232628	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DIBARTOLO, MARIA
 10863 MADISON DR
 BOYNTON BEACH, FL 33437

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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: Maria Di Bartolo DATE: 7-14-08
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
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 NAME STREET ADDRESS CITY-ST-ZIP	P DIBARTOLO, MARIA 10863 MADISON DR BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIBARTOLO, CALOGERO 10863 MADISON DR BOYNTON BEACH, FL 33437
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 07/16/08-80004-008 150.00

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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: Maria Di Bartolo MARIA DI BARTOLO DATE: 7-14-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #