

**FILED**  
**Sep 27, 2004 8:00 am**  
**Secretary of State**


06-04-2004 90004 006 \*\*\*159.00

**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

6/4  
6/

**DOCUMENT # P03000140797**

1. Entity Name  
**MI ROSAL BEAUTY SALON, INC.**



004J4100

Principal Place of Business      Mailing Address  
**337 PALM AVENUE**      **337 PALM AVENUE**  
**HIALEAH, FL 33010**      **HIALEAH, FL 33010**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

03022003

Chg-P

CR2E034 (10/03)

Q3-0532608

4. FEI Number  
**03-0532608**      Applied For  
 Not Applicable

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

**8. Name and Address of Current Registered Agent**

**HUERTA, MAGNA**  
**337 PALM AVENUE**  
**HIALEAH, FL 33010**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when re-registering)

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

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	<b>P</b> <b>HUERTA, MAGNA</b> <b>337 PALM AVENUE</b> <b>HIALEAH, FL 33010</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:       **04-30-204**      **for-305 8893499**

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

June 24, 2004

MI ROSAL BEAUTY SALON, INC.  
337 PALM AVENUE  
HIALEAH, FL 33010

Subject: MI ROSAL BEAUTY SALON, INC.

Reference Number: P03000140797

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$159.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The Federal Employer Identification Number listed in Block 4 appears to be invalid. An FEI number is comprised of nine digits and it is not the same as your Social Security number. Please amend your document accordingly. For more information about the FEI number, please call the Internal Revenue Service at 1-800-829-1040.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/al  
ANNUAL REPORTS SECTION

fax ID 03-0532608