

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
04 OCT 21 AM 10:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT #</b> P03000154386	
<b>1. Entity Name</b>	
ANAY BEAUTY SALON INC	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 3553 W 76 ST Suite, Apt. #, etc. 10G City & State HIALEAH, FL Zip 33016	<b>3. Mailing Address</b> 3553 w 76 st Suite, Apt. #, etc. 10G City & State HIALEAH FL Zip 33016
<b>Country</b>	<b>Country</b>

9/29/04 90001 025 \$150.00  
**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 41-2119124	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>7. Name and Address of Current Registered Agent</b>	
Name DELFIN SENANDE	
Street Address (P.O. Box Number is Not Acceptable) 686 NW 124 AVE	
City MIAMI	Zip Code 33182
State FL	

**DO NOT WRITE  
IN THIS SPACE**

**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**  **DELFIN SENANDE** **10/10/2004**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

**January 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**Make Check Payable to Florida Department of State**

<b>10. OFFICERS AND DIRECTORS</b>		<b>11.</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	P-T= ANAY SIMON 6121 W 24 AVE APT 211 HIALEAH FL 33010	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
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**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **ANAY SIMON PRESIDENT** **10/10/2004** **305-2252648**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**