


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000156266

1. Entity Name
 NIE P.M.C. HAIR SALON CORP.



Principal Place of Business
 1001 SAMPLE ROAD
 2 EAST
 POMPANO BEACH, FL 33064

Mailing Address
 1001 SAMPLE ROAD
 2 EAST
 POMPANO BEACH, FL 33064



DO NOT WRITE IN THIS SPACE

04112005 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-3774784

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

TRIMINO, MIRNA
 1001 SAMPLE RD 2 EAST
 POMPANO BEACH, FL 33064

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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	VP MASGO, CYNTHIA 1001 SAMPLE ROAD, 2 EAST POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TRIMINO, MIRNA 1001 SAMPLE RD 2E POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MONDRAGON, PIRINDA 1001 SAMPLE ROAD, 2 EAST POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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)(f), 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: *Mirna A. Trimino*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____