

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90072 040 \*\*\*150.00

**DOCUMENT # P04000010537**

1. Entity Name

MARICELA D.M. HAIR DESIGN, CORP.



Principal Place of Business

11166 W FLAGLER ST  
MIAMI FL 33174

Mailing Address

11166 W FLAGLER ST  
MIAMI FL 33174



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

20-0610145

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MONTEZ, MARICELA  
9360 FOUNTAINEBLEAU PH 606  
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name **Montes Maricela**

Street Address (P.O. Box Number is Not Acceptable)  
**10857 SW 229 ST**

City **MIAMI**

FL

Zip Code

**33170**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/11/06**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPT  
NAME NIEVES, MARICELA ☒ Delete  
STREET ADDRESS 9360 FOUNTAINEBLEAU BLVD PH 606  
CITY-ST-ZIP MIAMI FL 33172

TITLE DVS  
NAME MONTEZ, DANIEL ☒ Delete  
STREET ADDRESS 9360 FOUNTAINEBLEAU BLVD PH 606  
CITY-ST-ZIP MIAMI FL 33172

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT  
NAME **Montes Maricela** ☒ Change ☐ Addition  
STREET ADDRESS **10857 SW 229 ST**  
CITY-ST-ZIP **MIAMI - FL - 33170**

TITLE DVS  
NAME **Montes Daniel** ☒ Change ☐ Addition  
STREET ADDRESS **10857 SW 229 ST**  
CITY-ST-ZIP **MIAMI - FL - 33170**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/11/06**