

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000010537

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Entity Name:** MARICELA D.M. HAIR DESIGN, CORP.

**Current Principal Place of Business:**

11166 W FLAGLER ST  
MIAMI, FL 33174

**New Principal Place of Business:**

**Current Mailing Address:**

11166 W FLAGLER ST  
MIAMI, FL 33174

**New Mailing Address:**

**FEI Number:** 20-0610145

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MONTES, MARICELA  
11166 W FLAGLER ST  
MIAMI, FL 33174 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DPT  
**Name:** MONTES, MARICELA  
**Address:** 10857 SW 229 ST  
**City-St-Zip:** MIAMI, FL 33170

**Title:** DVS  
**Name:** MONTES, DANIEL  
**Address:** 10857 SW 229 ST  
**City-St-Zip:** MIAMI, FL 33170

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** MARICELA MONTES

DPT

01/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date