

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2007 8:00 am
Secretary of State

06-21-2007 90026 001 ***150.00
06-21-2007 90026 002 *****8.75

DOCUMENT # P04000023479

1. Entity Name
DP HAIR EXQUISITE INC.



Principal Place of Business
6016 N.W. 7TH AVE
MIAMI, FL 33152

Mailing Address
6016 N.W. 7TH AVE
MIAMI, FL 33152

66019514



2. Principal Place of Business - No P.O. Box #
6016 N.W. 7 AVE
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

06082007 Chg-P CR2E034 (12/06)

City & State
Miami, Fla.
Zip
33127 Country

City & State
Zip
33127 Country

4. FEI Number
77-0623198
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KEMP, LAURA
6016 NW 7 AVE
MIAMI, FL 33152

7. Name and Address of New Registered Agent

Name
Kemp Laura
Street Address (P.O. Box Number is Not Acceptable)
6016 N.W. 7 AVE
City
Miami, Fla FL Zip Code
33127

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's signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	KEMP, LAURA	6016 N.W. 7 AVE	MIAMI, FL 33152	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<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
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Laura Kemp 6/13/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #