

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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FILED
Jul 15, 2005 8:00 am
Secretary of State

05-17-2005 90012 021 ***150.00

DOCUMENT # *MICHAEL HAIR studio*
1. Entity Name
P 04000136654



Principal Place of Business **Mailing Address**
1800 NE 114 ST
North Miami FL 33181

00063100



02142005 No Chg-P CRZE034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number *S.S. 220-94-6363* **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent
Miguel Perez
13890 Cypress St
Miami Lakes FL 33014

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IN THIS SPACE**

7. 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]* *05/08/05*
(Signature, typed or printed name of registered agent and title if applicable) (NOT: Registered Agent signature required when renewing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>P</i> <i>Miguel Perez President</i>
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IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* *Miguel Perez* *05/08/05*
(Signature, typed or printed name of reporting officer or director) (Date) (Reporting Period)