

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000037762

1. Entity Name
PRESTIGE HAIR SALON, INC.



FILED
Aug 21, 2008 08:00 AM
Secretary of State

Principal Place of Business
513 N. FEDERAL HWY.
PALM BCH, FL 33435

Mailing Address
513 N. FEDERAL HWY.
PALM BCH, FL 33435



06122008 No Chg-P CR2E034 (11/05)

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4. FEI Number
20-0509008

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PHILLIPS, CLAUDETTE
513 N. FEDERAL HWY.
PALM BCH, FL 33435

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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 D
NAME PHILLIPS, CLAUDETTE
STREET ADDRESS 513 N. FEDERAL HWY.
CITY-ST-ZIP PALM BCH, FL 33435

TITLE D
NAME PHILLIPS, PRINCE
STREET ADDRESS 513 N. FEDERAL HWY.
CITY-ST-ZIP PALM BCH, FL 33435

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: *CPH/llp*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/08

Date

Daytime Phone #