

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 28, 2008 08:00 AM
Secretary of State**

DOCUMENT # P05000133745

1. Entity Name
NU-YU FULL SERVICE SALON, INC.



Principal Place of Business
18379 NW 27TH AVE
MIAMI GARDENS, FL 33056

Mailing Address
18379 NW 27TH AVE
MIAMI GARDENS, FL 33056



01242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3568322

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROSE, GENORIA
18379 NW 27TH AVE
MIAMI GARDENS, FL 33056

**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

Genoria Rose

1/25/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME ROSE, GENORIA
STREET ADDRESS 18379 NW 27TH AVE
CITY-ST-ZIP MIAMI GARDENS, FL 33056

TITLE D
NAME HARRIS, YORK
STREET ADDRESS 18379 NW 27TH AVE
CITY-ST-ZIP MIAMI GARDENS, FL 33056

TITLE D
NAME MCPHEE-HARRIS, ABIGAIL
STREET ADDRESS 18379 NW 27TH AVE
CITY-ST-ZIP MIAMI GARDENS, FL 33056

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000800219
01/31/08-80008-019 150.00

**DO NOT WRITE
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:

Genoria P. Rose Genoria Rose

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/08 *305 628 9563*

Date Daytime Phone #

day 305-628-9563