

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000002888

1. Entity Name
IRAIDA HAIR AND NAILS INTERNATIONAL, INC.



FILED
Jul 31, 2008 08:00 AM
Secretary of State

Principal Place of Business
SHOPPES OF DELRAY
14400 S MILITARY TRAIL #15
DELRAY BEACH, FL 33484

Mailing Address
SHOPPES OF DELRAY
14400 S MILITARY TRAIL #15
DELRAY BEACH, FL 33484



07282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4134174	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

QUINTERO, IRAIDA L
14400 SOUTH MILITARY TRAIL
NO. 15
DELRAY BEACH, FL 33484

**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)

U000000956803
07/31/08-80005-015 150.00
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 NAME STREET ADDRESS CITY - ST - ZIP	VPD QUINTERO, ROBERTO 14400 SOUTH MILITARY TRAIL, NO. 15 DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD QUINTERO, IRAIDA L 14400 SOUTH MILITARY TRAIL, NO. 15 DELRAY BEACH, FL 33484
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**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/26/08 (202) 253-5457