

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000036195

1. Entity Name  
BRAIDS AND HAIR WRAPS BY KIM, INC.



Principal Place of Business  
4056 SHAKESPEARE ROAD  
ORLANDO, FL 32839

Mailing Address  
4056 SHAKESPEARE ROAD  
ORLANDO, FL 32839

FILED

07 AUG -3 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07202007 No Chg-P CR2E034 (11/05)

4. FEI Number  
06-1771443

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ELLIS, KIMBERLY S  
4056 SHAKESPEARE ROAD  
ORLANDO, FL 32839

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 \$550.00**  
**Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELLIS, KIMBERLY S 4056 SHAKESPEARE ROAD ORLANDO, FL 32839
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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 #

7-31-07 407 927 3360

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**MESSAGE FROM SOCIAL SECURITY**

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**INFORMATION ABOUT WHEN YOU WILL RECEIVE  
YOUR BABY'S SOCIAL SECURITY CARD**

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**IMPORTANT: IF YOU HAVE NOT NAMED YOUR BABY, A SOCIAL SECURITY CARD  
CANNOT BE ISSUED.**

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You should receive your baby's Social Security card in about 6 weeks. In your State, it takes about 6 weeks before the information about your baby's birth is provided to the Social Security Administration. After the birth is registered, Social Security is given a computer tape which we use to issue your baby a Social Security card. The card will be mailed to you in about 1 week after we are notified by the State of your baby's birth.

If you are filing for Welfare or other public assistance benefits for your baby, you will need the following information completed before you leave the hospital.

This certifies that a Social Security number was requested for

KYMBERLEE SANOJ ETIENNE

JUNE 30, 2007

Name of Child

D.O.B.

  
Signature of hospital official

JULY 01, 2007

Date

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**NOTE. Notify your caseworker when you receive your baby's Social Security card.**

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**BRAIDS AND HAIR WRAPS BY KIM, INC**  
**C/O Kimberly S Ellis**  
**4056 Shakespeare Road**  
**Orlando, FL 32839**

Florida Department of State  
Division of Corporations  
P. O. Box 6198  
Tallahassee, FL 32314

July 19, 2007

Dear Division of Corporations Manager,

I have received the notice of intent to dissolve my corporation. I want to continue running my business.

Please I was in difficult pregnancy time. Even my doctor gave me a bed time rest, however, I could not rest because I have responsibility to take care of myself and my children.

I am very careful person. Please forgive me and understand my situation. If it was not for my pregnancy complication, this incident would not happen.

I appreciate your kindly cooperation.

Kindly regards,

A handwritten signature in black ink, appearing to read 'Kimberly Ellis', with a stylized, flowing script.

Kimberly Ellis

**PS: I include \$8.75 for the copy of the certificate. I never received one.**