

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000087068

1. Entity Name  
GIJA'S SALON, INC.



FILED  
07 SEP 17 PM 2:29  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
47 CHESTNUT CIR  
COOPER CITY, FL 33026

Mailing Address  
47 CHESTNUT CIR  
COOPER CITY, FL 33026

2. Principal Place of Business - No P.O. Box #  
4301 S. Flamingo Road  
Suite, Apt. #, etc.

3. Mailing Address  
47 Chestnut Circle  
Suite, Apt. #, etc.



07162007 Chg-P CR2E034 (12/06)

City & State  
Davie FL  
Zip  
33330  
Country  
USA

City & State  
Cooper City FL  
Zip  
33026  
Country  
USA

4. FEI Number  
20-512825  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

IDEN, BRUCE F  
3240 CORPORATE WAY  
MIRAMAR, FL 33025

7. Name and Address of New Registered Agent

Name  
Maria Vanderbraden  
Street Address (P.O. Box Number is Not Acceptable)  
47 Chestnut Circle  
City  
Cooper City FL Zip Code  
33026

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 14, 2007**

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  
D  
DEN BRANDEN, MARIA VAN  
STREET ADDRESS  
47 CHESTNUT CIR  
CITY-ST-ZIP  
COOPER CITY, FL 33026 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
100109695071  
09/20/07--01019--024 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: Maria L. Vanderbraden  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #