

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000096286

1. Entity Name
CHUCHOS HAIR DESIGNERS INC



FILED

07 SEP 17 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4023 W WATERS AVE #8
TAMPA, FL 33614 US

Mailing Address
4023 W WATERS AVE #8
TAMPA, FL 33614 US



2. Principal Place of Business - No P.O. Box #
4023 W. WATERS AVE.

3. Mailing Address
4023 W. WATERS AVE.

Suite, Apt. #, etc.
#8

Suite, Apt. #, etc.
#8

08302007 Chg-P CR2E034 (12/06)

City & State
tampa FL

City & State
tampa FL

4. FEI Number
20 5297979

Applied For
Not Applicable

Zip 33614 Country USA

Zip 33614 Country USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERNANDEZ, JESUS
4023 W WATERS AVE #8
TAMPA, FL 33614

Name Jesus Hernandez

Street Address (P.O. Box Number is Not Acceptable)

4023 W. WATERS AVE.

#8

City tampa

FL

Zip Code 33614

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 re-registering)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
HERNANDEZ, JESUS
4023 W WATERS AVE #8
TAMPA, FL 33614 ☐ Delete

TITLE
NAME
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CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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200109707862
09/20/07--01040--011 **550.00 ☐ Change ☐ Addition

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-07

Date

813598 7168

Daytime Phone #