

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

3/8

FILED
Apr 05, 2007 8:00 am
Secretary of State

03-08-2007 90013 043 ***150.00

DOCUMENT # P06000147367																																																																																																					
1. Entity Name HAIR BY MARIA, INC.																																																																																																					
Principal Place of Business 2111 S.E. LENNARD ROAD PORT ST. LUCIE FL 34952			Mailing Address 1682 S.E. SHEPARD LANE PORT ST. LUCIE FL 34983																																																																																																		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																			
City & State		City & State		4. FEI Number 83-0468508																																																																																																	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																																																	
6. Name and Address of Current Registered Agent SOTO, LUZMARIA 1682 S.E. SHEPARD LANE PORT ST. LUCIE FL 34983		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																			
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: <i>[Signature]</i>																																																																																																					
FILE NOW!!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State																																																																																																					
9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees																																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1682 S.E. SHEPARD LANE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>PORT ST. LUCIE FL 34983</td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	1682 S.E. SHEPARD LANE		STREET ADDRESS			CITY- ST- ZIP	PORT ST. LUCIE FL 34983		CITY- ST- ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			CITY- ST- ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			CITY- ST- ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			CITY- ST- ZIP		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition																																																																																																
STREET ADDRESS	1682 S.E. SHEPARD LANE		STREET ADDRESS																																																																																																		
CITY- ST- ZIP	PORT ST. LUCIE FL 34983		CITY- ST- ZIP																																																																																																		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition																																																																																																
NAME			NAME																																																																																																		
STREET ADDRESS			STREET ADDRESS																																																																																																		
CITY- ST- ZIP			CITY- ST- ZIP																																																																																																		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition																																																																																																
NAME			NAME																																																																																																		
STREET ADDRESS			STREET ADDRESS																																																																																																		
CITY- ST- ZIP			CITY- ST- ZIP																																																																																																		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition																																																																																																
NAME			NAME																																																																																																		
STREET ADDRESS			STREET ADDRESS																																																																																																		
CITY- ST- ZIP			CITY- ST- ZIP																																																																																																		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>[Signature]</i>																																																																																																					