## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 29, 2008 8:00 am Secretary of State

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DOCUMENT # P07000011235  1. Entity Name XIOMARA HAIR STYLIST CORP					02-29-2008	•	2 ***150	0.00	
Principal Plac	ce of Business	Mailing Address	<u> </u>	400357	.b3				
Principal Place of Business  1827 S DIXIE HWY POMPANO BEACH, FL 33060 US  Mailing Address  1827 S DIXIE HWY POMPANO BEACH, FL 33060						EM SRIST NEEL NEN		RIKAT II IKAT	
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		02132008	Chg-P	CR2E03	4 (12/06)		
City & Stat	te	City & State		4. FEI Numbe	т			plied For ot Applicable	
Zíp	Country	Zip	Country	5. Certificate of	of Status Desired		8.75 Add se Require		
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent					
FLORENC	NO VIOMADA		Name	Name					
FLORENCIO, XIOMARA 4490 NW 16 TERRACE OAKLAND PARK, FL 33309			Street Ac	Street Address (P.O. Box Number is Not Acceptable)					
				City Zip Code					
				<b>                                    </b>					
8. The above the obligation	e named entity submits this statement for tions of registered agent.	or the purpose of changing its re	egistered office or	registered agent, or bott	n, in the State of F	lorida. I am fa	miliar with,	and accept	
	• •							, 18 v 10° c	
SIGNATURE.	Signature, typed or printed name of registered agent	and trie if applicable. (NOTE:	Registered Agent signatu	re required when reinstating)		DATE			
FIL After M	.E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.		9. Election Campaign Financing Trust Fund Contribution.  A				•	;5 t	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/0	CHANGES TO OF	FICERS AND I	DIRECTOR	S IN 11	
NAME STREET ADDRESS	P FLORENCIO, XIOMARA 4490 NW 16 TERRACE	☐ Delete	title Name Street address				Change	Addition .	
CITY-ST-ZIP	OAKLAND PARK, FL 33309		CITY-ST-ZIP						
TITLE	VP	Delete	TITLE				Change	Addition	
NAME	FLORENCIO, FREDDY	,	NAME						
STREET ADORESS	4490 NW 16 TERRACE		STREET AODRESS					-	
CiTY-ST-ZIP	OAKLAND PARK, FL 33309	<u>~</u>	CITY-ST-ZIP						
TITLE		☐ Delete	TITLE NAME		•	,	Change	Addition :	
STREET ADDRESS	i		STREET ADDRESS					-	
CITY-ST-ZIP			CITY-ST-ZIP					-	
TITLE		☐ Delete	TITLE				Change	Addition	
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			-			
TITLE		/**I		· · · · · · · · · · · · · · · · · · ·			C3 A:		
		Delete	<b>■</b> TITLE 1				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.

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZP

TITLE

name Street address

- CI	A L	TI	ID	┏.

NAME STREET ADORESS

TITLE

NAME

CITY-ST-ZIP

STREET ADORESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTO

Delete

2-21-60

Daytime Phone #