

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 30, 2008 8:00 am
Secretary of State

02-25-2008 90073 049 ***150.00

DOCUMENT # P07000056762					
1. Entity Name MANYAS BEAUTY CENTER AND STUDIO, INC.					
Principal Place of Business 4000 ISLAND BLVD. #1001 AVENTURA, FL 33160			Mailing Address 4000 ISLAND BLVD. #1001 AVENTURA, FL 33160		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 260143661	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAW OFFICES OF JILL R. GINSBERG PL 3875 AMALFI DRIVE HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent Name: <u>Magnya Borman Cuneo</u> Street Address (P.O. Box Number is Not Acceptable): <u>4000 Island Blvd. # 1001</u> City: <u>Aventura</u> FL Zip Code: <u>33160</u>		
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: <u>Magnya B. Cuneo</u> DATE: <u>2-20-08</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 BORMAN, MAGNAYA #1001 4000 ISLAND BLVD. AVENTURA, FL 33160	<input type="checkbox"/> Delete			
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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: <u>Magnya B. Cuneo</u> DATE: <u>2-20-08</u>					

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02072008 Chg-P CR2E034 (12/08)

Applied For
Not Applicable

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

LAW OFFICES OF JILL R. GINSBERG PL
3875 AMALFI DRIVE
HOLLYWOOD, FL 33021

Name: Magnya Borman Cuneo
Street Address (P.O. Box Number is Not Acceptable):
4000 Island Blvd. # 1001
City: Aventura FL Zip Code: 33160

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Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY-ST-ZIP
P
BORMAN, MAGNAYA #1001
4000 ISLAND BLVD.
AVENTURA, FL 33160

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