

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000080696

**FILED**  
**Apr 01, 2010**  
**Secretary of State**

**Entity Name:** NAFRETIRI HAIR STUDIO, INCORPORATED

**Current Principal Place of Business:**

8058 W MCNAB ROAD  
NORTH LAUDERDALE, FL 33068

**New Principal Place of Business:**

**Current Mailing Address:**

8058 W MCNAB ROAD  
NORTH LAUDERDALE, FL 33068

**New Mailing Address:**

**FEI Number:** 26-4646012      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MILLER, YVONNE  
7445 NW 34TH STREET  
LAUDERHILL, FL 33319      US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** VP  
**Name:** MILLER, YVONNE  
**Address:** 8115 NW 67TH AVENUE  
**City-St-Zip:** TAMARAC, FL 33321

**Title:** P  
**Name:** JOHNSON, NISIA  
**Address:** 7980 HAMPTON BLVD  
**City-St-Zip:** NORTH LAUDERDALE, FL 33068

**Title:** DIR  
**Name:** MILLER, TRENWICK E  
**Address:** 8115 NW 67TH AVENUE  
**City-St-Zip:** TAMARAC, FL 33321

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** YVONNE MILLER

VP

04/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date