2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P93000003395

DORÁ'S HAIR STYLING, INC.

Principal Place of Business

327 CORONADO DR. CLEARWATER BEACH, FL 33767 Mailing Address 327 CORONADO DR. CLEARWATER BEACH, FL 33767

FILED Mar 31, 2008 08:00 AN Secretary of State



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CR2E034 (11/05) 02062008 No Chg-P

Applied For 4. FEI Number 59-3159787 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

KALLAS, GEORGE 3405 GULF BLVD BELLAIR BEACH, FL

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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 reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution	cing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	PD				
NAME	KALLAS, GEORGE				U00000873363
STREET ADDRESS	3405 GULF BLVD				04/10/08-80075-019 150.00
CITY-ST-ZIP	BELLEAIR BEACH, FL 33786				2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
TITLE	SD				
NAME	KALLAS, DORA				
STREET ADDRESS	3405 GULF BLVD				
CITY-ST-ZIP	BELLEAIR BEACH, FL 33786				
TITLE					
NAME					,
STREET ADDRESS				DO	NOT WOITE

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE

Date

Daytime Phone #