2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000003395

Entity Name: DORA'S HAIR STYLING, INC.

BELLEAIR BEACH, FL 33786

City-St-Zip:

FILED Jan 12, 2009 Secretary of State

,	2014,10	, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	ONADO DR. ATER BEACH	FL 33767			
Current N	lailing Addre	ss:	New Mailing Address	New Mailing Address:	
	ONADO DR. ATER BEACH	FL 33767			
FEI Number	: 59-3159787	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address of	New Registered Agent:	
	F BLVD BEACH, FL	US submits this statement for the	e purpose of changing its registered	l office or registered agent, or both,	
	e of Florida.				
SIGNATUI	RE:				
	Electro	nic Signature of Registered A	gent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	KALLAS, GEO 3405 GULF BL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	SD (KALLAS, DOR, 3405 GULF BL		Title: Name: Address:	() Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GEORGE KALLAS PD 01/12/2009