

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 A
Secretary of State

DOCUMENT # P93000033649

1. Entity Name
JOSSIE'S HAIR DESIGNERS, INC.



Principal Place of Business
**8197 NORTH UNIVERSITY DRIVE
TAMARAC, FL 33321**

Mailing Address
**8197 NORTH UNIVERSITY DRIVE
TAMARAC, FL 33321**



03052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0411630	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MALAVE, TERESA
4985 NW 82ND TERRACE
FORT LAUDERDALE, FL 33351**

**DO NOT WRITE
IN THIS SPACE**

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

Teresa Malave
Signature, typed or printed name of registered agent and title if applicable

Teresa Malave
(NOTE: Registered Agent signature required when reinstating)

03/13/07
DATE

**1. FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MALAVE, TERESA
STREET ADDRESS	4985 NW 82ND TERRACE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33351

TITLE	VD
NAME	VARGAS, INGRID
STREET ADDRESS	6700 NW 57TH DRIVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33321

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/28/07-80075-001-150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Teresa Malave
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

03/13/07
Date

954-720-7288
Daytime Phone #