

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 15, 2008 08:00 AM  
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



02112008 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 ☐ \$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.

(NOTE: Registered Agent signature required when reinstating)

02/12/08  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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 of 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* Teresa Malave

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/12/08 (954) 320-7288  
Date Daytime Phone #