2007 FOR PROFIT CORP RATION ANNUAL REPORT (4R)

SIGNATURE:

Secretary of State DOCUMENT # P94000029844 02-07-2007 90049 014 ***150.00 COIFFURES INTERNATIONAL OF MARCO ISLAND, INC. Principal Place of Business Mailing Address 651 SO. COLLIER BLVD. 7032 LEOPARDI CT MARCO ISLAND FL 34145 NAPLES FL 34114 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number City & State City & State Applied For 65-0497893 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Guido Vecchio VECCHIO, GUIDO Street Address (P.O. Box Number is Not Acceptable) 1110 SAN MARCO RD. MARCO ISLAND FL 33937 7072 LeopArdi Ct. 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent Sinds Vecchio Signature, typed or printed name of registered agent and FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. 11251 drut Addition HILL ☐ Delete THEF Chiange Guido Vecemo. 7072 Feofordi 2+ NAPLES, Fl. 34114 VECCHIO, GUIDO NAME NAME 1110 SAN MARCO RD. STRIET ADDRESS STREET ADDRESS MARCO ISLAND FL 33937 CITY - ST - ZIP CITY - ST - ZIP TheresA Vecchio Vice Posicent Echange TITLE ☐ Delete VECCHIO, THERESA 7092 Leopardi et. NAME 1110 SAN MARCO RD. STREET ADDRESS STREET ADORESS NAPLES Florida 34114 CITY - ST - ZIP MARCO ISLAND FL 33937 CITY ST-ZIP HILE ☐ Delete HILE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP ☐ Delete 1000 ☐ Channe ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY ST-ZIP ☐ Delete ☐ Addition THLE DILE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Delete me ☐ Change ☐ Addition 71111 NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY+S1-7IP 12. Thereby cartify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

ido Vecchio Preside

FILED

Feb 07, 2007 8:00 am