

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000030846

1. Entity Name
COLETTE HAIR DESIGN BEAUTY SALON, INC.



Principal Place of Business

8168 NW 103RD ST
HIALEAH GARDENS, FL 33016

Mailing Address

8168 NW 103RD ST
HIALEAH GARDENS, FL 33016

DO NOT WRITE IN THIS SPACE



02282005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0587455

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARQUEZ, LOAMMY
110 ROYAL PALM RD
SUITE 311
HIALEAH GARDENS, FL 33016

**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

L. Marquez

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

(NOTE: Registered Agent signature required when reinstating)

2/28/05

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 LOPEZ, MERCEDES
STREET ADDRESS 110 ROYAL PALM RD, STE 319
CITY - ST - ZIP HIALEAH, FL 33016

TITLE SVD
NAME MARQUEZ, LOAMMY
STREET ADDRESS 110 ROYAL PALM RD 319
CITY - ST - ZIP HIALEAH GARDENS, FL 33016

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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03/07/05-80004-021 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Mercedes Lopez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/05
DATE

557-9303
Daytime Phone #