

2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 25, 2004 8:00 am Secretary of State 03-25-2004 90035 033 ***150.00 **DOCUMENT # P95000081351** 1. Entity Name MIA'S HAIR SALON, INC. 94036462 Principal Place of Business Mailing Address 2884 JEFFERSON STREET 2884 JEFFERSON STREET MARIANNA, FL 32446 MARIANNA, FL 32446 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01202004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable 59-3346494 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 Name DONOFRO, GINA MIA Street Address (P.O. Box Number is Not Acceptable) 2884 JEFFERSON STREET MARIANNA, FL 32446 Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE Delete TITLE DONOFRO, GINA M NAME NAME STREET ADDRESS 2822 H HIGHWAY 71 STREET ADDRESS CITY-ST-ZIP MARIANNA, FL 32446 CITY-ST-ZIP ☐ Change Addition X Delete TITLE TITLE **BURLESON JULI A** NAME NAME STREET ADDRESS 2822 H HIGHWAY 71 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARIANNA, FL 32446 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 supplier entail 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 attackness with an address with a particular statement of the corporation of the corporati changed, or on an attachme 950-482-5842 SIGNATURE: 入

SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #