

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90032 012 \*\*\*150.00

**DOCUMENT # P95000081351**

1. Entity Name  
**MIA'S HAIR SALON, INC.**



Principal Place of Business  
**2884 JEFFERSON STREET  
MARIANNA, FL 32446**

Mailing Address  
**2884 JEFFERSON STREET  
MARIANNA, FL 32446**

**40095615**



2. Principal Place of Business - No P.O. Box #  
**4484 Lime St.**  
Suite, Apt. #, etc.

3. Mailing Address  
**4484 Lime St.**  
Suite, Apt. #, etc.

03232007 Chg-P CR2E034 (12/06)

City & State  
**Marianna, FL 32446**  
Zip Country

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**Marianna, FL 32446**  
Zip Country

4. FEI Number  
**59-3346494**  
Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**DONOFRO, GINA MIA  
2884 JEFFERSON STREET  
MARIANNA, FL 32446**

## 7. Name and Address of New Registered Agent

Name  
**Gina Mia Donofro**

Street Address (P.O. Box Number is Not Acceptable)  
**4484 Lime St.**

City **Marianna** **FL** Zip Code **32446**

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

**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 **P** ☐ Delete  
NAME **DONOFRO, GINA M**  
STREET ADDRESS **2822 H HIGHWAY 71**  
CITY-ST-ZIP **MARIANNA, FL 32446**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4484 Lime St.**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Gina Mia Donofro*

**4/30/07**