


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90041 037 ***158.75

DOCUMENT # P95000081784		
1. Entity Name INEZ BEAUTY SALON INC OF SOUTH FLORIDA		

Principal Place of Business 3015 NW 79 ST. MIAMI FL 33147	Mailing Address 9015 NW 79 ST. MIAMI FL 33147
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2. Principal Place of Business Suite/Apt. #, etc.		3. Mailing Address <i>591 NW 189th Terr</i> Suite/Apt. #, etc.	
City & State <i>Miami, FL</i>		City & State <i>Miami, FL</i>	
Zip <i>33169</i>	Country	Zip <i>33169</i>	Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent WILLIAMS, INEZ 3015 NW 79 ST. MIAMI FL 33147		7. Name and Address of New Registered Agent Name <i>Inez Williams</i> Street Address (P.O. Box Number is Not Acceptable) <i>591 NW 189th Terr</i> City <i>Miami</i> , State <i>FL</i> Zip Code <i>33169</i>	
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4. FEI Number 65-0644278	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WILLIAMS, INEZ 591 NW. 189TH TERR. MIAMI FL 33169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Inez Williams* **3/7/2005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #