### FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # **P96000002105**1. Corporation Name

# **FILED** Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90081 029 \*\*\*150.00

RAINBOV	v Hair Design, Inc.							
Principal Place	e of Business	Mailing Address				T (AD)(AD) (AD ) D)(A D)(I) DA()) DA())	151 <b>08</b> 11 <b>0</b> (1 <b>80</b> 1 11 <b>6</b> 11 1	10101 0111 1002
HAINES CITY PI	LAZA UNIT 3	HAINES CITY PLAZA UNIT	3					
HAINES CITY FL		HAINES CITY FL 33844				DO NOT WRITE IN TH	IIS SPACE	
						3. Date Incorporated or Qualifed		
						01/02/1996		ł
2 Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	Ar	plied For
21 PHILOPALES	ace of Business	26				59-3349647	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				_	\$8.75	Additional
22		27				5. Certificate of Status Desired	Fee Re	equired
City & State	е	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip		ıntry		8. This corporation owes the current year		
24	25	29	30	, -		Personal Property Tax.	X Yes	□No
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New Register	ad Agent	
noc	A RAADTINI			"	Name	<u> </u>		
rosa, martin Haines City Plaza Unit 3				82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
	IES CITY FL 33844			83				
LIVIIA	E3 CITT 1 E 33044			"				
				84	City	5	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes				hove	-named co	reporation submits this statement for the purpose	of changing its	registered
office or n agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such channe was a	authorized	a by t	tne corpora	tition's board of directors. I hereby accept the ap	pointment as re	gistered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E: Registered	d Agent	t signature requ	ired when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	PVST	☐ DELETE	1.1 TI	MLE			Change	Addition
NAME	ROSA, MARIA		1.2 N	AME		- 0 1	01	
STREET ADDRESS	14748 DADE LILY COURT		1.3 S	TREET	ADDRESS	WINUS DAU LILY	$e_{t}$ .	)
CITY-ST-ZIP	ORLANDO FL 32824		_	ITY-ST	-ZIP	4 12 Vaj 10 )		Addition
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NAME	ROSA, MARIA						Change	
STREET ADDRESS			2.2 N			A /	Change	
CITY-ST-ZIP	14748 DADE LILY COURT		2.3 S	TREET	ADDRESS	unus Ana Lika	Di Ohange	Audison
	ORLANDO FL 32824		2.3 S	TREET	ADDRESS T-ZIP	4148 gay hiky	Change	
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: