

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 02, 2007 08:00 AM
Secretary of State**

DOCUMENT # P96000024025

1. Entity Name
JO'S HAIR STYLING FOR MEN, INC.



Principal Place of Business
**3325 GRIFFIN ROAD., STE. 4
DANIA, FL 33312**

Mailing Address
**3325 GRIFFIN ROAD., STE. 4
DANIA, FL 33312**



02092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0650019

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VASIL, JAMES J
9117 SW 52ND CT
COOPER CITY, FL 33328**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV VASIL, JAMES J 9117 52ND COURT COOPER CITY, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST VASIL, JOANN 9117 52ND COURT COOPER CITY, FL 33328
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04/10/07-80022-021 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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: Joann Vasil Joann Vasil secy. 3-30-07 954962 1121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #