

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90042 031 ***150.00

DOCUMENT # P96000030949

1. Entity Name
GIGI'S BEAUTY SALON INC.



Principal Place of Business
**16 W HALLANDALE BEACH BLVD
HALLANDALE, FL 33009 US**

Mailing Address
**16 W HALLANDALE BEACH BLVD
HALLANDALE, FL 33009 US**

50013786



02042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0656398

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SINERIZ, IDA MARIA
5910 WEST 18 AVE.
HIALEAH, FL 33012**

**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 _____

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, 2005 Fee will be \$550.00**

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	PD SINERIZ, IDA MARIA 5910 WEST 18 AVE. HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DIAZ, INOCENTA M 6025 EAST 4 AVE. HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD RODRIGUEZ, EMILIO V 800 PARK VIEW DR., APT. 227 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #