

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**


**FILED**  
**Sep 14, 2005 8:00 am**  
**Secretary of State**

08-02-2005 90037 010 \*\*\*158.75  
 09-14-2005 90002 041 \*\*\*391.25

50066760



1st MOORE CR2E034 (10/04)

DOCUMENT # P96000035915			
1. Entity Name MARIA ELENA'S HAIR DESIGN, INC.			
Principal Place of Business 118 S. BARFIELD DR. SUITE B MARCO ISLAND FL 33937-5142		Mailing Address 418 S. BARFIELD DR. MARCO ISLAND FL 33937-5142	
2. Principal Place of Business 118 South Barfield Dr Suite, Apt. #, etc. B		3. Mailing Address 118 South Barfield Dr Suite, Apt. #, etc. B	
City & State Marco Island, FL Zip 34145 Country		City & State Marco Island, FL Zip 34145 Country	
4. FEI Number 65-0662129		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PUJOL, MARIA E 118 418 S. BARFIELD DR. SUITE B MARCO ISLAND FL 33937-5142		7. Name and Address of New Registered Agent Name MARIA E. Pujol Street Address (P.O. Box Number is Not Acceptable) 118 South Barfield Dr. Suite B City Marco Island, FL Zip Code 34145	
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 <u>Maria Elena Pujol</u> DATE 7-25-05 <small>Signature, typed or printed name of registered agent also acceptable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P PUJOL, MARIA E 118 S BARFIELD DR MARCO ISLAND FL 34145 #SUITE B	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<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: <u>Maria Elena Pujol</u>		DATE: 7-25-05 DAYTIME PHONE: 239-394-5222	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



ATTACHMENT  
50066760

FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State

August 4, 2005

MARIA ELENA'S HAIR DESIGN, INC.  
118 S. BARFIELD DR, SUITE B  
MARCO ISLAND, FL 34145

Subject: **MARIA ELENA'S HAIR DESIGN, INC.**

Reference Number: **P96000035915**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$391.25.

The only provision the Division of Corporations has for waiver of the \$400.00 late fee is if the annual report notice was not received. A letter stating this fact must accompany the completed annual report.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LS  
ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314