

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State

06-01-2004 90001 046 ***150.00

DOCUMENT # P97000023454

1. Entity Name
HENRI'S HAIR STUDIO, INC.



Principal Place of Business

HENRI'S HAIR STUDIO
6447 MIAMI LAKES DR
MIAMI LAKES, FL 33074
9880 SW 3 Ct
Pembroke Pines, FL 33025

Mailing Address

HENRI'S HAIR STUDIO
6447 MIAMI LAKES DR
MIAMI LAKES, FL 33074
9880 SW 3 Ct
Pembroke Pines, FL 33025

DO NOT WRITE IN THIS SPACE

05252004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0741549** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ, HENRY
6950 SOUTHWEST 4TH AVE
PEMBROKE PINES, FL 33023
9880 SW 3 Ct
Pembroke Pines, FL 33025

**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.

Henry Gonzalez Pres.

(NOTE: Registered Agent signature required when reinstating)

5/1/04

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **GONZALEZ, HENRY**
STREET ADDRESS **6950 SW 4TH AVE**
CITY-ST-ZIP **PEMBROKE PINES, FL 33023**
9880 SW 3 Ct
33025

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Henry Gonzalez Pres.

Date

5/1/04

Daytime Phone #

305-828-8121