2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 21, 2005 08:00 AM

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DOCUMENT # P9700005&335 -				Secretary of State			
MILANO	HAIR DESIGNER, CO.	· 					
7333 S W 10	ce of Business 07TH AVENUE 3173 US	Mailing Address 7333 S W 107TH AVENUE MIAMI, FL 33173 US	· · · · · ·			alli distri ustali lainu (ff	OD SINGI OFFICIAL II KOBI
DO NOT WRITE IN THIS SPA			CE	02082005		CR2E034 (*	(0/03) Applied For
				65-076 5. Certificate	of Status Desired		Not Applicable 75 Additional Required
	6. Name and Address of Current Re	gistered Agent]		g	talle or a litera	
MIGUEL, CARLOS					NOT W		
	named entity submits this statement for the titions of registered agent.	ne purpose of changing its register	ed office or register	red agent, or bot	h, in the State of Fl	lorida. I am famili	ar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and	Ilde if applicable. (NOTE Registere	ed Agent signature required	when reinstating)	 	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campalgn Financia Trust Fund Contribution.				.00 May Be ed to Fees			
10.	OFFICER'S AND DI	RECTORS :	- 		and , , ,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MERA, LUZ 16341 139TH COURT MIAMI, FL 33177	· · · · · · · · · · · · · · · · · · ·		 	02/21/09 02/21/09	-)0236690 5-80029-00	12 15A AA
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TITLE NAME STREET ADDRESS			Na ades i era	e te de l	and the transfer	,	

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #