

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90240 013 ***150.00

DOCUMENT # P97000105293

1. Entity Name

MIRIAM'S COIFFURES, INC.



Principal Place of Business

1948 NE 123 ST
#104
NORTH MIAMI FL 33181
US

Mailing Address

1948 NE 123 ST
#104
NORTH MIAMI FL 33181
US



2. Principal Place of Business - No P.O. Box #

1948 NE 133 ST
Suite, Apt. #, etc.
Sud 104

3. Mailing Address

1948 NE 123 ST
Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0799647

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PINO, MIRIAM
1948 NE 123 STREET
#104
NORTH MIAMI FL 33181

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Miriam Pino

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

4-16-08

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PINO, MIRIAM
STREET ADDRESS 980 NW 133RD ST,
CITY-ST-ZIP NORTH MIAMI FL 33161 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 persons empowered.

SIGNATURE:

Miriam Pino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #

4-16-08