

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000015773

1. Entity Name
ROSES BEAUTY SALON, INC.



Principal Place of Business
**9564 SOUTHWEST 160TH STREET
MIAMI, FL 33157**

Mailing Address
**9564 SOUTHWEST 160TH STREET
MIAMI, FL 33157**



04032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0814578

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHARLES L JONES
9900 SW 168TH STRET
SUITE 9
MIAMI, FL 33157**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000721573
05/01/07-80151-004 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHARDS, WILMA 9564 SOUTHWEST 160TH STREET MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RICHARDS, JOSEPH 9564 SOUTHWEST 160TH STREET MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RICHARDS, DUANE 9564 SOUTHWEST 160TH STREET MIAMI, FL 33157
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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 exemptions contained in Chapter 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 like empowered.

SIGNATURE: *Wilma Richards* **WILMA RICHARDS** **4-20-07** **3059697200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #