

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2008 8:00 am**  
**Secretary of State**

01-07-2008 90041 024 \*\*\*150.00

**40000304**



01022008 Chg-P CR2E034 (12/06)

4. FEI Number **65-0815431** Applied For ☐ Not Applicable

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

**DOCUMENT # P98000018613**

1. Entity Name  
**NERY'S BEAUTY SALON, CORP.**



Principal Place of Business  
**3110 WEST 76TH STREET  
HIALEAH, FL 33016**

Mailing Address  
**3110 WEST 76TH STREET  
HIALEAH, FL 33016**

2. Principal Place of Business - No P.O. Box #  
**2608 W. 70 STREET**  
Suite, Apt. #, etc.

3. Mailing Address  
**2608 W. 70 STREET**  
Suite, Apt. #, etc.

City & State  
**Hialeah, FL**

City & State  
**Hialeah, FL**

Zip **33016** Country **USA**

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**6. Name and Address of Current Registered Agent**

**ROJAS, NERY  
2608 WEST 70 STREET  
HIALEAH, FL 33016**

**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

*Nery Rojas*

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Delete  
NAME **PSTD**  
STREET ADDRESS **ROJAS, NERY**  
CITY-ST-ZIP **2608 WEST 70TH STREET  
HIALEAH, FL 33016**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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:

*Nery Rojas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01 / 03 / 08**

Date

Daytime Phone #