

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90191 003 ***150.00

DOCUMENT # P98000032290



1. Entity Name
HAIR RENAISSANCE, INC.

Principal Place of Business
**10111 SW 72ND ST
MIAMI, FL 33174**

Mailing Address
**10111 SW 72ND ST
MIAMI, FL 33174**

50001574



2. Principal Place of Business
10111 SW 72 ST.
Suite, Apt. #, etc.

3. Mailing Address
10111 SW 72 ST
Suite, Apt. #, etc.

02232006 Chg-P CR2E034 (11/05)

City & State
MIAMI, FL
Zip
33173
Country
AMERICA

City & State
MIAMI FL.
Zip
33173
Country
AMERICA

4. FEI Number
65-0827395
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**Grillasca
GRILLASCA, MICHELLE
11250 SW 61ST TERR
MIAMI, FL 33173**

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD GRILLASCA, MICHELLE 11250 SW 61ST TERRACE MIAMI, FL 33173	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD MELENDEZ, DEBORAH 13741 SW 173RD TERR. MIAMI, FL 33177	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michelle Grillasca

2/28/06 (305) 275-6111

Date

Daytime Phone #

ATTACHMENT

52091534
P98000032290

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title PTD
Name (Last, First, Middle, Title) GRILLASCA, MICHELLE,

- OR -

Entity Name to serve as Officer/Director

Street Address 11250 SW 61ST TERRACE
City, State MIAMI, FL
Zip Code & Country 33173

Title VSD
Name (Last, First, Middle, Title) MELENDEZ, DEBORAH,

- OR -

Entity Name to serve as Officer/Director

Street Address 13741 SW 173RD TERR.
City, State MIAMI, FL
Zip Code & Country 33177

Title
Name (Last, First, Middle, Title) , ,

- OR -

Entity Name to serve as Officer/Director

Street Address
City, State ,
Zip Code & Country

Title
Name (Last, First, Middle, Title) , ,

- OR -

Entity Name to serve as Officer/Director

#P98000032290

Zip Code & Country

Annual Report Help



ATTACHMENT
50001574
Division of Corporations

Annual Report

Annual Report Help

Document Number

P98000032290

Business Entity Name

HAIR RENAISSANCE, INC.

FEI Number

650827395

FEI Number Status

Listed Above

Applied For

Not Applicable

Certificate of Status Desired

Yes

No

\$8.75 each

Election Campaign Financing Trust Fund Contribution

Yes

No

Principal Place of Business

Address

10111 SW 72ND ST

Suite, Apt. #, etc.

City, State

MIAMI

FL

Zip Code & Country

33174

Mailing Address

Address

10111 SW 72ND ST

Suite, Apt. #, etc.

City, State

MIAMI

FL

Zip Code & Country

33174

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

GRILLASCA

GRILLASCA

MICHELLE

- OR -

Business to serve as RA

Address (PO Box is not acceptable)

11250 SW 61ST TERR

Suite, Apt. #, etc.

City, State

MIAMI

FL

Zip Code & Country

33173

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature