2007 FOR PROFIT CORPORATION ANNUAL REPORT

7/16/2007-90122-030-$150.00-$150.00

FILED

07 AUG 24 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000037179

1. Entity Name
HAIR STYLES BY IRENE INC.

Principal Place of Business	Mailing Address
2305 AARON STREET PORT CHARLOTTE, FL 33952	2305 AARON STREET PORT CHARLOTTE, FL 33952

07052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0113611
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DIROCCO, IRENE E
2305 AARON STREET
PORT CHARLOTTE, FL 33952

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	DSTP
NAME	DIROCCO, IRENE E
STREET ADDRESS	2305 AARON STREET
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	D
NAME	RENZI, ANITA J
STREET ADDRESS	369 78TH STREET
CITY-ST-ZIP	BROOKLYN, NY 11209
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Diane E DiRocco Irene E DiRocco 7/16/07 941-627-4404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JC 8/31.

ATTACHMENT

Jane Inc

40125071

(New addr. MAILING) P.O. Box 496208
Port Charlotte, FL. 33949

Old mailing 305 AARON ST.
PORT CHARLOTTE, FL. 33952
Doc# P98000037179
FEI # 65-0113611
07/10/07
941-627-4404 DAY #

DEAR SIR,

As per our phone Conversation this afternoon, I am writing this note.

My mailing Address Changed Feb. 07 to a PO Box # (as stated above) due to mishandling of my Business mail, at my Shop location (located in a Retirement Center)

After explaining this on the phone today, I was told my renewall fee would be $150.00

Enclosed is my Ck# 4537 Amt. $150.00 for my Annual Report.

Thank You

Jane E DeRosa
(Pres.)