2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 02, 2007 08:00 AM Secretary of State

ANNUAL KEPUKI					Secretary of Stat			
DOCUMENT # P98000069378 1. Entity Name CREATIVE HAIR DESIGN OF DAVIE, INC.					,	·	ary or Sta	
18221 SW 60TH ST 1		Mailing Address 18221 SW 60TH ST FORT LAUDERDALE, FL 33331						
		IN THIS COA	CE .	02022007	No Chg-P	CR2E034	(132)	
e fa ga jakatat ka jaka matak di ka ka jambak di ka jaka jambak di parangan	O NOT WRITE	IN THIS SPA	UE (4. FEI Number 65-085 5. Certificate			Applied For Not Applicable .75 Additional Required	
	6. Name and Address of Current Re	gistered Agent	16 C C C C C C C C C C C C C C C C C C C	36% R Poly	1, 10 mg	15.00	and the second s	
MILMOE, LORI 18221 SW 60TH ST FORT LAUDERDALE, FL 33331				IN T	NOT W	PACE		
the obligati	named entity submits this statement for the ions of registered agent.	ne purpose of changing its register	ed office or register	red agent, or bo	th, in the State of Fi	orida. I am fam	iliar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE, Registere	ed Agent signature required	when reinslating)		DATE		
FIL After Ma	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		.00 May Be led to Fees				
10.	OFFICERS AND DE	RECTORS		1144				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P MILMOE, LORI 18221 SW 60TH ST FORT LAUDERDALE, FL 33331							
NAME STREET ADDRESS CITY-ST-ZIP							59 28-002-158. W	
NAME STREET ADDRESS CITY-ST-ZIP TITLE			-	DO	NOT W	RITE		
NAME STREET ADDRESS CITY-ST-ZIP				· IN	THIS SI	AUE		
11144	l		Transport State Port 32	ો જેવા કર્યા તેવા કરો કરો તેવા તેવા કરો	~ ~ \$2 \tau	C. 484	**************************************	

12. I hereby certify that the information supplied with this filling 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 trusted 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:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MANATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR

3-21-07

Daytime Phone #