

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90012 048 ***150.00

DOCUMENT # P99000039620

1. Entity Name
PURITA HAIR DESIGN, INC.



Principal Place of Business
**2484 NORTH UNIVERSITY DR.
PEMBROKE PINES, FL 33024**

Mailing Address
**10221 NW 6TH ST.
PEMBROKE PINES, FL 33026**

44050003



2. Principal Place of Business
8357 PINES BLVD

3. Mailing Address

07132004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.
PEMBROKE PINES, FL

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

Zip
33024

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ABREU, MARIANO A
2543 COOLIDGE ST
HOLLYWOOD, FL 33020**

Name
ABREU, MARIANO A

Street Address (P.O. Box Number is Not Acceptable)

10221 NW 6th St

City
PEMBROKE PINES FL Zip Code
33026

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 **M. A. Abreu**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-19-04

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
ABREU, PURA D
10221 NW 6TH ST.
PEMBROKE PINES, FL 33026** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPSD
ABREU, MARIANO A
10221 NW 6TH ST.
PEMBROKE PINES, FL 33026** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **M. A. Abreu**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-04 (957)295-4075
Date Daytime Phone #