

**2004 FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000089777

1. Entity Name
SPLENDOR BEAUTY SALON, INC.



Principal Place of Business
**7287 WEST FLAGLER ST.
MIAMI, FL 33144**

Mailing Address
**7287 WEST FLAGLER ST.
MIAMI, FL 33144**

FILED

04 APR 19 AM 11:51

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



04122004 No Chg-P CR2E034 (10/03) **04**

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4. FEI Number
59-3605800

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**QARRAZANA, ILIANA
25 S.W. 136TH COURT
MIAMI, FL 33184**

**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 _____
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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CARRAZANA, ILIANA
STREET ADDRESS	25 S.W. 136TH COURT
CITY-ST-ZIP	MIAMI, FL 33184
TITLE	VD
NAME	CARRAZANA, SILFREDO
STREET ADDRESS	25 S.W. 136TH COURT
CITY-ST-ZIP	MIAMI, FL 33184
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**900035730389
05/07/04--01008--015 **150.00**

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IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/04
Date

Daytime Phone #

B3