2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000099541 **DOCUMENT#**

1. Entity Name

ANNY CENTER BEAUTY SALON, INC.



FILED May 05, 2003 8:00 am §

Secretary of State	
05-05-2003 90735 018 ***150.00	

						SE WE S						
	ce of Business			g Address]					
1896 NW 36TI				NW 36TH STREET				•				
MIAMI FL 331	42		MAIM	FL 33142			-					
<u> </u>				 								
2. Principal f	Place of Busine	ess	3. Mai	ling Address)					
0.01.4				0 - 11								
Suite, Apt	t. #, etc.		Suit	e, Apt. #, etc.			j	☐ CHECK HERE IF MAKING CHANGES				
City 9 Ctar				0 Ctat-				FELN		1 14-	_ :	
City & Stat	ite		City	& State				4. FEI Number 65-0965081			plied For Applicable	
Zip		Country	Zip		Coun	tn.						
CIP I	-	Country	2.15		Codii	u y	5. (5. Certificate of Status Desired See Required Fee Required				
	6. Name and Address of Current Registered Agent						7. 1	Name and Address of New Registe				
			<u></u>			Name						
GONZALE	Ž, ANA MAR	A			1	<u></u>						
484 NW 2	-	•				Street Addre	ess (P.O. B	Box Number is Not Acceptable)				
MIAMI FL												
MINIMI I'L	33 123											
						City			FL 2	Zip Code		
R The above	e named entity	submits this statemer	nt for the nurn	ose of changing its	registers	nd office or regi	istered an	ent, or both, in the State of Florida.		ar with a	nd accent	
	tions of registe		int for the purp	ose or changing its	registere	a onice or regi	istored ag	ent, or both, in the state of honda.	CITT IQUIN	Q1 441L1), C	ind accept	
			>					Vπ	30/0	2	(
SIGNATURE	Signatura bused o	printed name of registered o	not and title if one	finable /AIOTE	- Bogistoso	Agent signature rec	autred when a	U7	ATE OF	<u>ت</u>		
			gang as to take it app	(10)		- Agent signature rec	dollar Miletile	T				
		FEE IS \$150.00						S. Election Campaign Financing	1	\$5.00	May Be	
		Fee will be \$550.						Trust Fund Contribution.			to Fees	
Make Checi	K Payable to	Florida Departmen	it of State	· 								
10.	122	OFFICERS A	ND DIRECTO	RS	11.		AD	DITIONS/CHANGES TO OFFICERS			IN 11	
TITLE	PD			Delete	TITLE					Change	Addition	
NAME		ANA MARIE			NAME	1						
STREET ADDRESS	484 NW 26 MIAMI FL 3					ET ADDRESS	•				ĺ	
CITY-ST-ZIP	·	3123				·ST-ZIP						
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STREET ADDRESS CITY: ST: ZIP	484 NW 261 MIAMI FL 33					et address -St-Zip					(
	7=	3123		<u> </u>	_]							
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NAME STREET ADDRESS	1	NIEL PINALES			MAM	ď					}	
CITY-ST-ZIP	MIAMI FL 3					ET ADDRESS ST-ZIP						
	MINIMI FE 34	1123							-	06		
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CITY-ST-ZIP	:					T ADDRESS ST-ZIP						

Thereby sensity that the information supplied with this filling does not quality 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 130/03