

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # S81435

1. Entity Name
CARMEN'S HAIR STYLE, INC.



Principal Place of Business
 1156 W. 68TH ST.
 HIALEAH, FL 33014-5153

Mailing Address
 1156 W. 68TH ST.
 HIALEAH, FL 33014-5153



03172005 No Chg-P CR2E034 (10/03)

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4. FEI Number **65-0287753** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SOSA, ELIZABETH
 3850 NW 37TH AVENUE
 MIAMI, FL 33142

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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 \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | D |
| NAME | SOSA, ANTONIO S., JR. |
| STREET ADDRESS | 540 W. 77TH ST |
| CITY-ST-ZIP | HIALEAH, FL |
| TITLE | D |
| NAME | SOSA, CARMEN |
| STREET ADDRESS | 540 W. 77TH ST |
| CITY-ST-ZIP | HIALEAH, FL |
| TITLE | D |
| NAME | SOSA, ELIZABETH |
| STREET ADDRESS | 540 W. 77 ST. |
| CITY-ST-ZIP | HIALEAH, FL 33014 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 04/04/05-80087-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

3-28-05 **3056262351**
Date Daytime Phone #