


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90029 039 ***158.75

DOCUMENT # G97591 1. Entity Name ANGELO'S HAIR-PORT, INC.			
Principal Place of Business MIAMI INT'L AIRPORT CONCOURSE E-2ND FLOOR MIAMI FL 33299		Mailing Address 8411 NW 8 STREET. #107 MIAMI FL 33126	
2. Principal Place of Business MIAMI INT'L AIRPORT Suite, Apt. #, etc. CONCOURSE E 2ND FLOOR		3. Mailing Address 8411 NW 8 Street Suite, Apt. #, etc. No. 107	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 3299	Country DADE	Zip 33126	Country



MOORE CR2E034 (11/03)

4. FEI Number 65-0021035		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent VALDIVIA, ANGEL F. 8411 NW 8 STREET #107 MIAMI FL 33126		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS VALDIVIA, ANGEL F. 8411 NW 8 STREET #107 MIAMI FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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: Angel F. Valdivia **ANGEL F. VALDIVIA** 02-03-04 305-871-6445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #