

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000091603

FILED  
Jan 13, 2004  
Secretary of State

Entity Name: VALENTIS HAIR DESIGN, INC.

**Current Principal Place of Business:**

7314 COLLINS AVENUE  
MIAMI BEACH, FL 33141

**New Principal Place of Business:**

**Current Mailing Address:**

7314 COLLINS AVENUE  
MIAMI BEACH, FL 33141

**New Mailing Address:**

FEI Number: 65-1046740      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARQUES, MARIA FERNANDA  
7314 COLLINS AVENUE  
MIAMI BEACH, FL 33141

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MARQUES, MARIA FERNANDA  
Address: 7314 COLLINS AVENUE  
City-St-Zip: MIAMI BEACH, FL 33141

Title: VSD ( ) Delete  
Name: MARQUES, TERESA  
Address: 7314 COLLINS AVENUE  
City-St-Zip: MIAMI BEACH, FL 33141

Title: TD ( ) Delete  
Name: MARQUES, PAULO  
Address: 7314 COLLINS AVENUE  
City-St-Zip: MIAMI BEACH, FL 33141

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA MARQUES

PD

01/13/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date