


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90311 047 \*\*\*150.00

**DOCUMENT # P01000018315**

1. Entity Name  
**HAIR BY STEEL MAGNOLIAS, INC.**



Principal Place of Business  
**21301 POWERLINE RD, STE 101  
 BOCA RATON, FL 33433**

Mailing Address  
**8518 TOURMALINE BLVD  
 BOYNTON BEACH, FL 33437**

94049700



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
**21301 Powerline Road**  
**Suite 101**  
 City & State  
**Boca Raton, Florida**  
 Zip Country  
**33433**

04062004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3715641**

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

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**MANNINO, CHRIS  
 8518 TOURMALINE BLVD  
 BOYNTON BEACH, FL 33437**

7. Name and Address of New Registered Agent  
 Name  
**Christine A. Laverdure**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6407 Bella Verde Suite 401**  
 City  
**Boynton Beach** FL Zip Code  
**33437**

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 *Christine A. Laverdure* DATE 4/5/04

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**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAVERDURE, CHRISTINE A 8518 TARMALINE BLVD. BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST 6407 Bella Verde Suite 401 Boynton Beach, FL 33437 <input checked="" 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: *Christine A. Laverdure* **CHRISTINE A. LAVERDURE** 561-483-3330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/5/04 Daytime Phone #