

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90072 003 \*\*\*150.00

<b>DOCUMENT # P02000120853</b> 1. Entity Name <b>PRO CUTS HAIR, INC.</b>					
Principal Place of Business <b>322 SOUTH STATE ROAD 7 MARGATE, FL 33068</b>			Mailing Address <b>322 SOUTH STATE ROAD 7 MARGATE, FL 33068</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		03102004    Chg-P    CR2E034 (10/03)	
Zip      Country		Zip      Country		4. FEI Number <b>APPLIED FOR</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>AMBRUS, MONIKA 322 SOUTH STATE ROAD 7 MARGATE, FL 33068</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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: _____ (NOTE: Registered Agent signature required when reappointing)      DATE: _____					
<b>FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>AMBRUS, MONIKA</b> <b>322 SOUTH STATE ROAD 7</b> <b>MARGATE, FL 33068</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 807, 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-30-04 9549684556 <small>Date      Daytime Phone #</small>		

66412730

Form **SS-4**

(Rev. April 2000)

Department of the Treasury  
Internal Revenue Service

*Attachment* *60412730*  
**Application for Employer Identification Number**  
 (For use by employers, corporations, partnerships, trusts, estates, churches,  
 government agencies, certain individuals, and others. See instructions.)  
**Keep a copy for your records.**

EIN

*02-0651978*

OMB No. 1545-0003

**1** Name of applicant (legal name) (see instructions)  
**PROCUTS HAIR, INC.**

**2** Trade name of business (if different from name on line 1)

**3** Executor, trustee, "care of" name

**4a** Mailing address (street address) (room, apt., or suite no.)  
**322 SOUTH STATE ROAD 7**

**4b** City, state, and ZIP code  
**MARGATE, FL 33068**

**5a** Business address (if different from address on lines 4a and 4b)

**5b** City, state, and ZIP code

**6** County and state where principal business is located  
**BROWARD, FLORIDA**

**7** Name of principal officer, general partner, grantor, owner, or trustor - SSN or ITIN may be required (see instructions) **592-81-7040**  
**MONIKA AMBRUS**

**8a** Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

☐ Sole proprietor (SSN)

☐ Partnership ☐ Personal service corp.

☐ REMIC ☐ National Guard

☐ State/local government ☐ Farmer's cooperative

☐ Church or church-controlled organization

☐ Other nonprofit organization (specify) ☐ Federal government/military

☒ Other (specify) **PRIVATE FOR PROFIT** (enter GEN if applicable)

☐ Estate (SSN of decedent)

☐ Plan administrator (SSN)

☐ Other corporation (specify) ☐ Trust

**8b** If a corporation, name the state or foreign country (if applicable) where incorporated State Foreign country

**9** Reason for applying (Check only one box.) (see instructions)

☒ Started new business (specify type) ☐ Banking purpose (specify purpose)

☐ Changed type of organization (specify new type)

☐ Purchased going business

☐ Created a trust (specify type) ☐ Other (specify)

☐ Hired employees (Check the box and see line 12.)

☐ Created a pension plan (specify type)

**10** Date business started or acquired (month, day, year) (see instructions) **11/12/02**

**11** Closing month of accounting year (see instructions) **DECEMBER**

**12** First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

**13** Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

Nonagricultural Agricultural Household

**14** Principal activity (see instructions) **HAIR DRESS**

**15** Is the principal business activity manufacturing? ☐ Yes ☐ No

If "Yes," principal product and raw material used

**16** To whom are most of the products or services sold? Please check one box.

☐ Public (retail) ☐ Other (specify) ☐ Business (wholesale) ☐ N/A

**17a** Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☐ No

Note: If "Yes," please complete lines 17b and 17c.

**17b** If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name Trade name

**17c** Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) **MONIKA AMBRUS PRESIDENT**

Signature *Monika Ambrus* Date

Note: Do not write below this line. For official use only.

Please leave blank

Geo. Ind. Class Size Reason for applying