

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90102 032 ***150.00

DOCUMENT # P02000131692

1. Entity Name
S & G HAIR SALON, INC.



Principal Place of Business: **6045A JEFFERSON SQUARE NORTH LAUDERDALE, FL 33068**
 Mailing Address: **6045A JEFFERSON SQUARE NORTH LAUDERDALE, FL 33068**

50050369



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

04262005 Chg-P CR2E034 (10/03)

City & State: City & State

4. FEI Number: **51-0462410**
 Applied For: Not Applicable

Zip: Country Zip: Country

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

6. Name and Address of Current Registered Agent
GRANVILLE, SONIA
2331 NORTH STATE RD. 7, SUITE 108B
LAUDERHILL, FL 33313

7. Name and Address of New Registered Agent
 Name: **GRANVILLE, SONIA**
 Street Address (P.O. Box Number is Not Acceptable):
6045A JEFFERSON SQUARE
 City: **NORTH LAUDERDALE** FL Zip Code: **33068**

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: GRANVILLE, SONIA STREET ADDRESS: 2331 NORTH STATE RD. 7, SUITE 108B CITY-ST-ZIP: LAUDERHILL, FL 33313	<input checked="" type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: GRANVILLE, SONIA STREET ADDRESS: 6045A JEFFERSON SQUARE CITY-ST-ZIP: NORTH LAUDERDALE, FL 33068	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: DATE: _____ DAYTIME PHONE #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR