


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

04-19-2004 90354 018 \*\*\*150.00

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # P03000033476</b>			
1. Entity Name <b>HAIR ARTISTRY BY GLENN DAVID, INC</b>			
Principal Place of Business <b>607 MIRACLE MILE VERO BEACH, FL 32967</b>		Mailing Address <b>607 MIRACLE MILE VERO BEACH, FL 32967</b>	
2. Principal Place of Business <i>670 Miracle Mile</i>		3. Mailing Address <i>670 Miracle Mile</i>	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State		City & State	
Zip <i>32960</i>	Country	Zip <i>32960</i>	Country
4. FEI Number <i>56-2332512</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>GREENSTEIN, GLENN DAVID 607 MIRACLE MILE VERO BEACH, FL 32967</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	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, in accordance with the obligations of registered agent.			
SIGNATURE: <i>Glenn David Greenstein</i>		DATE: <i>4-15-04</i>	
FILE NOW! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<b>D GREENSTEIN, GLENN DAVID 607 MIRACLE MILE VERO BEACH, FL 32967</b>	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
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
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 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 fees empowered.			
SIGNATURE: <i>Glenn David Greenstein</i>		DATE: <i>4-15-04</i> 772-562-5522	

Sign Here

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