

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 23, 2004 8:00 am
Secretary of State

08-26-2004 90004 006 ***150.00

66434041



MOORE CR2E034 (4/04)

DOCUMENT # P03000057520					
1. Entity Name EMPIRE BEAUTY SALON INC.					
Principal Place of Business 2113 E. COLONIAL DRIVE ORLANDO FL 32803 US			Mailing Address 13209 GLACIER NATIONAL DRIVE 4307 ORLANDO FL 32837 US		
2. Principal Place of Business <i>2113 E. COLONIAL DR.</i>		3. Mailing Address <i>13209 GLACIER NATIONAL DR.</i>			
Suite, Apt. #, etc.		# 4307			
City & State <i>ORLANDO, FLORIDA</i>		City & State <i>ORLANDO, FL.</i>		4. FEI Number <i>593472488</i> Applied For Not Applicable	
Zip <i>32803</i>	Country <i>FLORIDA</i>	Zip <i>32837</i>	Country <i>FLORIDA</i>		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			7. Name and Address of New Registered Agent		
6. Name and Address of Current Registered Agent HERNANDEZ, ROBERT E 13209 GLACIER NATIONAL DRIVE 4307 ORLANDO FL 32837			Name 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004		S. 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>		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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HERNANDEZ, ROBERT E	NAME			
STREET ADDRESS	13209 GLACIER NATIONAL DRIVE #4307	STREET ADDRESS			
CITY - ST - ZIP	ORLANDO FL 32837	CITY - ST - ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SANCHEZ, ROSA	NAME			
STREET ADDRESS	13209 GLACIER NATIONAL DRIVE #4307	STREET ADDRESS			
CITY - ST - ZIP	ORLANDO FL 32837	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>[Signature]</i>			Date: <i>8-23-2004</i>		Daytime Phone #: <i>(321) 231-6610</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



Attachment

66434041

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 30, 2004

EMPIRE BEAUTY SALON INC.
13209 GLACIER NATIONAL DRIVE
4307
ORLANDO, FL 32837 US

Subject: EMPIRE BEAUTY SALON INC.

Reference Number: P03000057520

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCAION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION