

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2004 8:00 am
Secretary of State

08-16-2004 90014 034 ***150.00



DOCUMENT # P03000115303
 1. Entity Name
TANGO HAIR AND NAILS, INC.

Principal Place of Business
**2900 W. SAMPLE RD.
 POMPAÑO BCH, FL 33073**

Mailing Address
**2900 W. SAMPLE RD.
 POMPAÑO BCH, FL 33073**



2. Principal Place of Business
**3000 N. UNIVERSITY DR
 STE E**

3. Mailing Address
P.O. Bx 771210

Suite, Apt. #, etc.
STE E

06212004 Chg-P CR2E034 (10/03)

City & State
CORAL SPRINGS, FL

City & State
CORAL SPRINGS, FL

4. FEI Number
72-1573512

Applied For
 Not Applicable

Zip
33065

Country
USA

Zip
33077-1210

Country
USA

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

6. Name and Address of Current Registered Agent
**ZEITLER, MARX
 2900 W. SAMPLE RD.
 POMPAÑO BCH, FL 33073**

7. Name and Address of New Registered Agent
 Name
MARK Zeidler
 Street Address (P.O. Box Number is Not Acceptable)
3000 N. UNIVERSITY DR
STE E
 City
CORAL SPRINGS FL Zip Code
33065

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 *[Signature]* DATE **7/21/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
 Due by September 8, 2004**

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 <input type="checkbox"/> Delete ZEITLER, MARX 2900 W. SAMPLE RD. POMPAÑO BCH, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3000 N UNIVERSITY DR STE E CORAL SPRINGS, FL 33065
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 like empowered.

SIGNATURE: *[Signature]* DATE: **7/21/04** DAYTIME PHONE #: **954970 9002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

44051931

M A S

PO BOX 771210

Coral Springs, Fl. 33077-1210

954-346-7288 - Broward 954-346-7217 Fax 305-621-9382 - Dade

08/09/04

Florida Department of State
PO BOX 6327
Tallahassee, Fl. 32314

Re: Tango Hair & Nails, Inc.
Doc # P03000115303

To Whom It May Concern:

We are enclosing a corporation reinstatement form for our client Tango Hair & Nails, Inc

We are providing a check for the annual fee; however, we have not included the penalty, as the client did not receive the notification sent to companies to file the renewal due to a change in address. The original forwarding had expired.

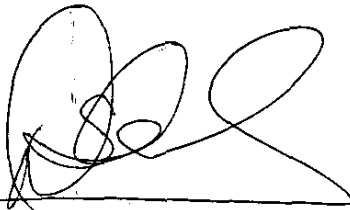
The client was in our office and we determined the client had not filed the annual renewal. The client was advised that the corporate renewal had not occurred and they then requested our assistance in the reinstatement procedures.

Therefore we are requesting reinstatement on behalf of Tango Hair & Nails, Inc based on not having received the 2003 Uniform business report due to a change of address.

The client has been made aware of the filing deadline for future years.

Should you have any questions, please contact my office.

Thank you,
Sincerely,



David Hernandez