2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: HILL O MULLING OFFICER OF DIRECTOR

FILED Apr 20, 2005 08:00 AM Secretary of State

ANNUAL KEPUKI			71p1 20, 2000 00:00 1
DOCUMENT # P03000156266			Secretary of State
1. Entity Nar	ne		
NIE P.M.	C. HAIR SALON CORP.		
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	BEACH, FL 33064 POMPANO BEACH, FL 3306	4	
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			04112005 No Chg-P CR2E034 (10/03)
	OO NOT WRITE IN THIS SPA	CE	4. FEI Number Applied For
			59-3774784 Not Applicable
		· ."	5. Certificate of Status Desired \$8.75 Additional
	and the second s	· · · · · · · · · · · · · · · · · · ·	Fee Required
	6. Name and Address of Current Registered Agent		
TRIMINO, MIRNA			
1001 SAM	IPLE RD 2 EAST		DO NOT WRITE
POMPANO BEACH, FL 33064			IN THIS SPACE
			IN THIS SPACE
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 obligat	tions of registered agent.	t combine to fine	and addition point in a control of the same of the sam
		The same of the same of	The first of agreement and agreement and agreement and agreement a
SIGNATURE.	Signature, typed or printed name of registered agent diffatible if applicable. (NOTE, Régiste	red Ágeni signatúre reditiréd	Monte Constitution of the
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be			
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees			
10.	OFFICERS AND DIRECTORS		The second secon
TITLE	VP		The state of the s
NAME	MASGO, CYNTHIA		
STREET ADDRESS	1001 SAMPLE ROAD, 2 EAST	Í	
CITY-ST-ZIP	POMPANO BEACH, FL 33064		U00000319137
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CITY-ST-ZIP	POMPANO BEACH, FL 33064		
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TITLE	Contraction of the contract of		The state of the s
NAME			A CONTRACTOR OF THE CONTRACTOR
STREET ADDRÉSS	1 // MIC 1/4/4		
CITY-ST-ZIP		and a Turney later to the second	
12. I hereby certify that the information supplied with this filling 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.			
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.			
CIONATURE MILLIAM ON TO MALLIAM ALL			

- - Date

Daytime Phone #

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