2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000037756

HAIR CLUB FOR MEN, LTD., INC.

Principal Place of Business

SIGNATURE:

1515 SOUTH FEDERAL HIGHWAY #401 BOCA RATON, FL 33432

Mailing Address

1515 SOUTH FEDERAL HIGHWAY #401 BOCA RATON, FL 33432

FILED Jan 21, 2005 08:00 AM Secretary of State



DO NOT WRITE IN THIS SP	ACE
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01052005	No Chg-P	CR2E034 (10/03)			
4. FEI Number 13-2867772			Applied For		
			Not Applicable		
5. Certificate c	of Status Desired		\$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the poons of registered agent.	purpose of changing its registered	d office or r	egistered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registored agent and #fo	if applicable. (NOTE, Registered	Agent signature	required William reinstalling)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	eing	\$5.00 May Be Added to Fees	
10,	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUDSON, STEVEN 1515 S. FEDERAL HWY, STE 401 BOCA RATON, FL 33432				000000188870 01/24/05-80071-024 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT O'TOOLE, DAVID 1515 S. FEDERAL HWY, STE 401 BOCA RATON, FL 33432				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO CLARKE, FRASER 1515 S. FEDERAL HWY, STE 401 BOCA RATON, FL 33432		i	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DECARLO, FRANK 1515 S. FEDERAL HWY, STE 401 BOCA RATON, FL 33432			IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS NARCISI, RICHARD 1515 S. FEDERAL HWY, STE 401 BOCA RATON, FL 33432		-		e de la companya de
TITLE NAME STREET ADDRESS CITY-ST-ZIP					Security of the security of th
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 region 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 trusted 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.					

IGNING OFFICER OR DIRECTOR