


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # 654696  
 1. Entity Name  
 A-1 BEAUTY SHOP, INC.



Principal Place of Business A-1 BEAUTY SHOP INC KEY WEST, FL 33040 US	Mailing Address 1415 FIRST STREET KEY WEST, FL 33040
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**DO NOT WRITE IN THIS SPACE**



04132004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2101923	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  
 RIGGS, NIDIA BORDERS  
 2121 HARRIS AVENUE  
 KEY WEST, FL 33040

**DO NOT WRITE 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 obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

000000116660  
 04/16/04-80075-003 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIGGS, NIDIA BORDERS 2121 HARRIS AVE KEY WEST, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMLOH, BARBARA A LOT 4, KEY WEST VILLAS KEY WEST, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT HOFFMAN, JOANNA B. 2121 HARRIS AVENUE KEY WEST, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Nidia Borders Riggs 4-14-04-305-294-4912  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #