2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 545188

FILED Jan 24, 2005 Secretary of State

Entity Name: DREW JAMES COIFFURES OF PLANTATION, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:		
	IVERSITY DR ION, FL 3332				
Current N	/lailing Addre	ess:	New Mailing Address	s:	
	IVERSITY DR ION, FL 3332				
FEI Numbe	r: 59-1772025	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
13301 PA COOPER	O, CAROL RKSIDE TERI CITY, FL 333	330 US			
13301 PA COOPER The above	RKSIDE TERI CITY, FL 333	330 US	purpose of changing its registere	d office or registered agent, or both,	
13301 PA COOPER The above	RKSIDE TERI CITY, FL 333 e named entity e of Florida. RE:	submits this statement for the		d office or registered agent, or both,	
13301 PA COOPER The above in the Stat	RKSIDE TERI CITY, FL 333 e named entity e of Florida. RE:	330 US		d office or registered agent, or both, Date	
13301 PA COOPER The above in the Stat SIGNATU	RKSIDE TERI CITY, FL 333 e named entity e of Florida. RE: Electro	submits this statement for the			
13301 PA COOPER The above in the Stat SIGNATU	RKSIDE TERI CITY, FL 333 e named entity e of Florida. RE: Electro	submits this statement for the nic Signature of Registered Agong Trust Fund Contribution ().	ent	Date	
13301 PA COOPER The above in the Stat SIGNATU	RKSIDE TERFORM CONTROL TERFORM	submits this statement for the spinic Signature of Registered Aging Trust Fund Contribution (). CTORS:) Delete CAROL SIDE TERRACE	ent		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL LOIACONO P 01/24/2005