## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

## **DOCUMENT # F02000000984**

1. Entity Name
CHIC HAIR GOODS & ACCESSORIES CORPORATION



Principal Place of Business

SIGNATURE:

14 MENDOTA ROAD TORONTO, ONTARIO CANADA M8Y 1E8, Mailing Address

14 MENDOTA ROAD TORONTO, ONTARIO CANADA M8Y 1E8,

## FILED Apr 05, 2004 08:00 AM Secretary of State



01302004

No Chg-P

CR2E034 (10/03)

4. FEI Number 98-0357052 Applied For Not Applicable

416-252-9591

5. Certificate 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

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, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature regulated when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, LESLIE E 14 MENDOTA ROAD TORONTO, ONTARIO, CANADA,				U00000103785 04/05/04-80071-005 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YOKSIMORICH, STEVE 14 MENDOTA ROAD TORONTO, ONTARIO, CANADA,				
TITLE NAME STREET ADDRESS CATY-ST-ZIP	CONT YEH, RICHARD 14 MENDOTA ROAD TORONTO, ONTARIO, CANADA,		DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OMGR SANDER, DOUG 14 MENDOTA ROAD CANADA M8Y 1E8,				
TITLE NAME STREET ADDRESS CHY+ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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.					