

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001779

FILED
Jan 07, 2004
Secretary of State

Entity Name: NEW DIMENSION ACADEMY OF BEAUTY, INC.

Current Principal Place of Business:

4551 GUNN HIGHWAY
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

4551 GUNN HIGHWAY
TAMPA, FL 33624

New Mailing Address:

FEI Number: 36-4464947

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOELLERER, ANTHONY
4551 GUNN HIGHWAY
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOELLERER, ANTHONY
Address: 1926 N. 72 COURT
City-St-Zip: ELMWOOD PARK, IL 60707

Title: V () Delete
Name: HOELLERER, JOSEPH
Address: 4301 DIAMOND POINT LANE
City-St-Zip: WESTON, FL 33331

Title: S () Delete
Name: HOELLERER, KATHLEEN
Address: 1926 N. 72 COURT
City-St-Zip: ELMWOOD PARK, IL 60707

Title: T () Delete
Name: DELANO, SONIA
Address: 6602 SUSSMAN PLACE, APT. #206
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANTHONY HOELLERER

P

01/07/2004

Electronic Signature of Signing Officer or Director

_____ Date