


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90072 011 ***150.00

DOCUMENT # H03870			
1. Entity Name S.M.S. SALON SYSTEMS, INC.			
Principal Place of Business 1319 S. MILITARY TRAIL DEERFIELD BEACH FL 33442		Mailing Address 1319 S. MILITARY TRAIL DEERFIELD BEACH FL 33442	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROLNICK, HERBERT H., ESQ.		Name	
C/O HOROWITZ & ROLNICK		Street Address (P.O. Box Number is Not Acceptable)	
6800 W. COMMERCIAL BLVD., STE. #5		City	
FT. LAUDERDALE FL 33319		FL Zip Code	
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		9. Election Campaign Financing	
After May 1, 2004 Fee will be \$550.00		Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be	
Make Check Payable to Florida Department of State		Added to Fees	



MOORE CR2E034 (11/03)

4. FEI Number **59-2423830** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS MCCULTY, JEFFREY 1319 S. MILITARY TRAIL DEERFIELD BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCCULTY, JEFFREY 1319 S. MILITARY TRAIL DEERFIELD BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/04 **561**
 Date Daytime Phone # **6844615**