


**2004 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # J34667 1. Entity Name 34TH STREET HAIR EXCHANGE, INC.	
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Principal Place of Business 5075 34TH ST, S BAY PT PLAZA, STE 9 ST PETERSBURG, FL 33711	Mailing Address 5075 34TH ST, S BAY PT PLAZA, STE 9 ST PETERSBURG, FL 33711
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04072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2740749	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BRITTO, ANNETTE 5001 LANSING ST ST PETERSBURG, FL 33703
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**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 required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	11000000112818 04/14/04-80038-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS BRITTO, ANNETTE 5001 LANSING ST ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BERGER, DAVID 919 59TH AVE. ST. PETERSBURG BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BRITO, ANNETTE 5001 LANSING ST ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T RODRIGUEZ, ANTHONY A. 919 59TH AVE. ST. PETERSBURG BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *X*  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
Date: *4/14/04* Daytime Phone #: *727-866-1514*