
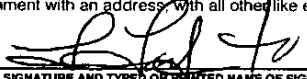


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90075 024 ***150.00

DOCUMENT # K02067 1. Entity Name L & G HAIR SALON, INC.			
Principal Place of Business 1621 NE 40 CT OAKLAND PK, FL 33334 US		Mailing Address 1621 NE 40 CT OAKLAND PK, FL 33334 US	
2. Principal Place of Business 1652 S.W. 7 Dr Suite, Apt. #, etc. Pompano Bch.,		3. Mailing Address 1652 S.W. 7 Dr. Suite, Apt. #, etc. Pompano Bch., FL.	
City & State Pompano Bch., FL.		City & State Pompano Bch., FL.	
Zip 33060		Zip 33060	
Country USA		Country USA	
4. FEI Number 65-0020266		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAFRATO, L 1621 N.E. 40 CT OAKLAND PK, FL 33334		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAFRATO, LINDA <input checked="" type="checkbox"/> Delete 1621 NE 40 CT OAKLAND PARK, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAFRATO, LINDA <input type="checkbox"/> Change <input type="checkbox"/> Addition 1652 S.W. 7 Dr. Pompano Bch., FL. 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MULLIN, DANA <input checked="" type="checkbox"/> Delete 1621 NE 40 CT OAKLAND PARK, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MULLIN, DANA <input type="checkbox"/> Change <input type="checkbox"/> Addition 1652 SW. 7 Dr. Pompano Bch., FL. 33060
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
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
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:  L. LAFRATO		2-17-05 954 5938688	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	