


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90076 006 ****50.00

DOCUMENT # L00000013854

1. Entity Name
CAMELOT HAIR CARE PRODUCTS, LLC



Principal Place of Business
**2080 NW 79TH AVE.
 MIAMI, FL 33122**

Mailing Address
**C/O STEPHEN BERARDI CPA
 1883 HELEN CT.
 MERRICK, NY 11566**

2. Principal Place of Business
2080 NW 79TH AVE.
 Suite, Apt. #, etc.

3. Mailing Address
2080 NW 79TH AVE.
 Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33122 Country
USA

Zip
33122 Country
USA



04232004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent

**PARKINSTON, ANTHONY
 3900 NE CHERI DR.
 JENSEN BEACH, FL 34957**

4. FEI Number
65-1058465

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

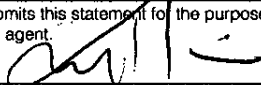
7. Name and Address of New Registered Agent

Name **PARKINSON, ANTHONY**

Street Address (P.O. Box Number is Not Acceptable)
3900 NE CHERI DR.

City **JENSEN BEACH** State **FL** Zip Code **34957**

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 **04/28/04**


Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARKINSON, ANTHONY 3900 NE CHERI DR. JENSEN BEACH, FL 34957 <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
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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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **ANTHONY PARKINSON** DATE **04/28/04** DAYTIME PHONE # **305-5134840**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE