2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000001450

1. Entity Name GLORIA'S SALON, LC

Principal Place of Business

477 GREYNOLDS CIRCLE LANTANA, FL 33462

Mailing Address

901 BRADFORD COURT #9A BOYNTON BEACH, FL 33436

FILED Feb 03, 2004 08:00 AM Secretary of State



01122004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number -	_	L.	Applied For
65-1081809			Not Applicable
5. Certificate of Status Desired		\$5.00	Additional

5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

LYNCH, GLORIA 477 GREYNOLDS CIRCLE LANTANA, FL 33462

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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.	(FIOTE Registered Agent signature required when reinstating)	DATE	
	iling Fee is \$50.00 ue by May 1, 2004			
9.	MANAGING MEMBERS/MANAGERS		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANCH, GLORIA 477 GREYWOODS CIR. LANTANA, FL 33462		800000 026 785 82703704- 8 0021-011 50. 00	
TITLE NAME STREET ADDRESS C/TY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
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NAME STREET ADDRESS CITY-ST-ZIP			•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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.				