


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000032993 1. Entity Name INTERNATIONAL HAIR AND BEAUTY SYSTEMS, LLC	
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Principal Place of Business 805 TURNER STREET CLEARWATER, FL 33756	Mailing Address 805 TURNER STREET CLEARWATER, FL 33756
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DO NOT WRITE IN THIS SPACE



02152004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 56-2306875	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent BELL, HILTON 805 TURNER STREET CLEARWATER, FL 33756
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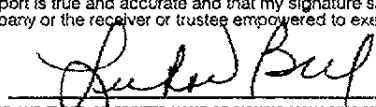
DO NOT WRITE IN THIS SPACE

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

Filing Fee is \$50.00 Due by May 1, 2004	000000067620 02/27/04-80006-022 50.00
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, HILTON 805 TURNER STREET CLEARWATER, FL 33756
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	2/23/04 Date Daytime Phone #