


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90060 039 *****50.00

DOCUMENT # L02000032993	
1. Entity Name INTERNATIONAL HAIR AND BEAUTY SYSTEMS, LLC	

Principal Place of Business 805 TURNER STREET CLEARWATER, FL 33756 <i>201 S. Corona Ave Clearwater, Florida</i>	Mailing Address 805 TURNER STREET CLEARWATER, FL 33756 <i>201 S. Corona Ave Clearwater, Florida 33765</i>
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2. Principal Place of Business 33765	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

8. Name and Address of Current Registered Agent BELL, HILTON 805 TURNER STREET CLEARWATER, FL 33756	
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20004116



01202005 Chg-LLC CR2E083 (10/03)

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

9. 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

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, HILTON 805 TURNER STREET CLEARWATER, FL 33756 <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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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: *Linda Bell* **1-20-05** **727-447-4132**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #