

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jun 17, 2005
Secretary of State**

DOCUMENT# L29249

Entity Name: PROFESSIONAL HAIR STYLING BY ANN, INC.

Current Principal Place of Business:

C/O ANN CHESHIRE
4865 GOLDEN GATE PKWY.
NAPLES, FL 34116

New Principal Place of Business:

C/O MARIA ALVAREZ
4865 GOLDEN GATE PKWY.
NAPLES, FL 34116

Current Mailing Address:

C/O ANN CHESHIRE
4865 GOLDEN GATE PKWY.
NAPLES, FL 34116

New Mailing Address:

C/O MARIA ALVAREZ
4865 GOLDEN GATE PKWY.
NAPLES, FL 34116

FEI Number: 59-2535685 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHESHIRE, ANN
4865 GOLDEN GATE PKWY.
NAPLES, FL 34116 US

Name and Address of New Registered Agent:

ALVAREZ, MARIA
4865 GOLDEN GATE PKWY.
NAPLES, FL 34116 US

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.

SIGNATURE: MARIA ALVAREZ 06/17/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: CHESHIRE, ANN
Address: 4865 GOLDEN GATE PKWY.
City-St-Zip: NAPLES, FL 34116

Title: VP () Delete
Name: CHESHIRE, ANN
Address: 4865 GOLDEN GATE PKWY.
City-St-Zip: NAPLES, FL 34116

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RAMOS RODRIQUEZ, YORDAN
Address: 4865 GOLDEN GATE PKWY.
City-St-Zip: NAPLES, FL 34116

Title: S (X) Change () Addition
Name: ALVAREZ, MARIA
Address: 4865 GOLDEN GATE PKWY.
City-St-Zip: NAPLES, FL 34116

Title: VP () Change (X) Addition
Name: ALVAREZ, JORGE
Address: 4865 GOLDEN GATE PKWY
City-St-Zip: NAPLES, FL 34116

Title: T () Change (X) Addition
Name: CARRILLO, YOLEIBIS
Address: 4865 GOLDEN GATE PKWY
City-St-Zip: NAPLES, FL 34116

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA ALVAREZ S 06/17/2005
Electronic Signature of Signing Officer or Director Date