


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L41770 1. Entity Name LIFESTYLES BARBER SHOP, INC.		
Principal Place of Business % GODFREY KAYE 784 S FEDERAL HWY DEERFIELD BEACH, FL 33441	Mailing Address % GODFREY KAYE 784 S FEDERAL HWY DEERFIELD BEACH, FL 33441	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KAYE, GODFREY 784 S FEDERAL HWY DEERFIELD BEACH, FL 33441		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>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST KAYE, GODFREY 21194 WHITE OAK AVENUE BOCA RATON, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KAYE, MARGARET 21194 WHITE OAK AVENUE BOCA RATON, FL	
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12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>GODFREY KAYE</u> <u>1/21/04</u> <u>954.426.1454</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0167390	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

000000012047
01/23/04-90063-007 150.00

**DO NOT WRITE
IN THIS SPACE**