2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M64583

1. Entity Name
MARTI'S HAIR DESIGNS INC.

Principal Place of Business	Mailing Address
5274 SW 90TH CT	5274 SW 90TH CT
MIAMI, FL 33165 US	MIAMI, FL 33165 US

DO NOT WRITE IN THIS SPACE

04122004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HILL, MARTHA L.
5274 SW 90TH CT
MIAMI, FL 33165

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_____

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000114280
04/15/04-80043-023 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	HILL, MARTHA L.
STREET ADDRESS	5274 SW 90TH CT
CITY-ST-ZIP	MIAMI, FL 33165

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _____ Martha L. Hill _____ 4/12/04 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #