


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90022 004 \*\*\*150.00

**DOCUMENT # M84911**  
 1. Entity Name  
**PAUL'S INTERNATIONAL HAIR DESIGN, INC.**




Principal Place of Business      Mailing Address  
~~3929 N.E. 163RD ST~~      ~~3929 N.E. 163RD ST~~  
~~N. MIAMI BEACH FL 33160~~      ~~N. MIAMI BEACH FL 33160~~  
**1160 Kane Concourse**      **8985 Bay Dr.**  
**Bay Harbor Isl. Fl. 33154**      **Surfside Fl. 33154**

2. Principal Place of Business      3. Mailing Address  
**1160 Kane Concourse**      **8985 Bay Dr.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Bay Harbor Isl. Fla.**      **Surfside Fla.**  
 Zip      Country      Zip      Country  
**33154**      **U.S.A.**      **33154**      **USA.**

**94021197**



MOORE      CR2E034 (11/03)

4. FEI Number      Applied For  
**65-0052357**      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
~~KINAS, PAUL~~  
~~3929 N.E. 163RD ST~~  
~~N. MIAMI BEACH FL 33160~~

**7. Name and Address of New Registered Agent**  
 Name **Kinas, Paul**  
 Street Address (P.O. Box Number is Not Acceptable) **1160 Kane Concourse**  
 City **Bay Harbor Island FL**      Zip Code **33154**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	KINAS, PAUL	
STREET ADDRESS	8985 BAY DR.	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	KINAS, ALICIA	
STREET ADDRESS	8985 BAY DR.	
CITY-ST-ZIP	SURFSIDE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** Alicia Kinas 2-27-04  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #