

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009924

FILED
Apr 16, 2004
Secretary of State**Entity Name:** HAIR STYLISTS FOR HUMANITY, INCORPORATED**Current Principal Place of Business:**244 THREE ISLANDS BLVD. #204
HALLANDALE, FL 33009**New Principal Place of Business:**2720 S. OAKLAND FOREST DRIVE
704
OAKLAND PARK, FL 33009**Current Mailing Address:**244 THREE ISLANDS BLVD. #204
HALLANDALE, FL 33009**New Mailing Address:**2720 S. OAKLAND FOREST DRIVE
704
OAKLAND PARK, FL 33009**FEI Number:** 57-1195845**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**BETTO, MAURIZIO
244 THREE ISLANDS BLVD. #204
HALLANDALE, FL 33009 US**Name and Address of New Registered Agent:**BETTO, MAURIZIO
2720 S. OAKLAND FOREST DRIVE
704
OAKLAND PARK, FL 33009 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: MAURIZIO BETTO

04/16/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: RICCI, LORENA
Address: 244 THREE ISLANDS BLVD., #204
City-St-Zip: HALLANDALE, FL 33009

Title: PD (X) Delete
Name: LUDWICZAK, THOMAS
Address: 244 THREE ISLANDS BLVD. #204
City-St-Zip: HALLANDALE, FL 33009

Title: ED () Delete
Name: BETTO, MAURIZIO
Address: 244 THREE ISLANDS BLVD. #204
City-St-Zip: HALLANDALE, FL 33009

Title: S () Delete
Name: HOULE, MARK
Address: 244 THREE ISLANDS BLVD. #204
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: RICCI, LORENA
Address: 2720 S. OAKLAND FOREST DRIVE
City-St-Zip: OAKLAND PARK, FL 33009

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORENA RICCI

TD

04/16/2004

Electronic Signature of Signing Officer or Director

Date