


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000002467	
1. Entity Name HAIR COLOR MASTERS, INC.	

Principal Place of Business 1106 11TH LANE PALM BEACH GARDENS, FL 33418	Mailing Address 1106 11TH LANE PALM BEACH GARDENS, FL 33418
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04112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

**ALONZO, FRANK
1106 11TH LANE
PALM BEACH GARDENS, FL 33418**

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 file if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 D	NAME ALONZO, FRANK
STREET ADDRESS 1106 11TH LANE	
CITY- ST- ZIP PALM BEACH GARDENS, FL 33418	
TITLE	
NAME	
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CITY- ST- ZIP	

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04/21/05-80006-001 150.00

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: *Frank Alonzo* **Director** 4/19/05 561 625-1000

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