## 2004 FOR PROFIT CORPORATION

## Jul 26, 2004 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # P00000022768 07-26-2004 90001 027 \*\*\*150.00 L & L HAIR CORP. Principal Place of Business Mailing Address 2163 SE OCEAN BLVD **1525 SE PRATT STREET** 54064674 STUART, FL 34996 PORT ST. LUCIE, FL 34983 2. Principal Place of Business 3. Mailing Address 2163 5E Suite. Apt. #, etc. Suite, Apt. #. etc. 07202004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 34996 65-0988462 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 34991 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LANE, LORRAINE .-- - - 4 Street Address (P.O. Box Number is Not Acceptable) 1525 SE PRATT STREET PORT ST. LUCIE, FL 34983 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 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Due by September 8, 2004 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE : Change ☐ Addition NAME LANE, L'ORRAINE NAME STREET ADDRESS 1525 SE PRATT STREET 2163 SE Ocean Blod. STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE, FL 34983 CITY-ST-ZIP , FL 34996 ☐ De!ete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Maddition 1 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ππε ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIBE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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 it changed, or on an attachment with an address, with all other like empowered.

CITY-ST-7IP

orraine SIGNATURE: \_ SIGNATURE AND TYPED OR PRINTED NAME OF

CITY-ST-ZIP

FILED