

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000071198

Entity Name: LISA NICOLE'S SALON, INC.

FILED
Mar 30, 2004
Secretary of State

Current Principal Place of Business:

11570 WILES ROAD SUITE 5
CORAL SPRINGS, FL 33076

New Principal Place of Business:

11570 WILES ROAD
SUITE 5
CORAL SPRINGS, FL 33076

Current Mailing Address:

POST OFFICE BOX 9826
CORAL SPRINGS, FL 330750826

New Mailing Address:

FEI Number: 65-1034610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOUZ, LOUIS
7522 WILES ROAD
SUITE 102
CORAL SPRINGS, FL 330672056 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GOUZ, LISA N
Address: 11570 WILES ROAD SUITE 5
City-St-Zip: CORAL SPRINGS, FL 33076

Title: DVPS () Delete
Name: GOUZ, LOUIS
Address: 7522 WILES ROAD, SUITE 102
City-St-Zip: CORAL SPRINGS, FL 330672056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: LOUIS GOUZ

DVPS

03/30/2004

Electronic Signature of Signing Officer or Director

Date