


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000085746**  
 1. Entity Name  
**CARMEN DESIGNER'S HAIR STYLIST, INC.**



Principal Place of Business      Mailing Address  
 1063 SW 8TH STREET      199 SW 12TH AVENUE, #11  
 MIAMI, FL 33135      MIAMI, FL 33130-1056

**DO NOT WRITE IN THIS SPACE**



04212004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**52-2265039**      Not Applicable

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

6. Name and Address of Current Registered Agent  
 OYARCE, JORGE E  
 C/O JE OYARCE ASSOCIATES, ACCT OFF  
 199 SW 12TH AVENUE, #11  
 MIAMI, FL 33130-1056

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDS MARTI, CARMEN 127 SW 19TH AVENUE, #5 MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000129316  
 04/26/04-80072-018 150.00

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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: *Carmen E. Marti*      4/20/04      305-288-0779  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #