## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 06, 2004 08:00 AM Secretary of State

| ANNUAL REPORT  |  |                              |                                    | Secretary of Sta |                          |  |  |
|--|--|------------------------------|------------------------------------|------------------|--------------------------|--|--|
| DOCUMENT # P0000095  1. Entity Name SAN REMO COIFFURES, INC.   | 653  |                              |                                    | 3                | ecretary                 | oi Sta                                     |  |
| Principal Place of Business<br>1913 HOLLYWOOD BLVD<br>HOLLYWOOD, FL 33020  | Mailing Address<br>1913 HOLLYWOOD BLVD<br>HOLLYWOOD, FL 33020    |                              |                                    |                  |                          |  |  |
| DO NOT WRITE   | IN THIS SPA  | CE                           | 02112004<br>4. FEI Numbe<br>65-105 | No Chg-P         | <del></del>              | Applied For<br>Not Applicable<br>dditional |  |
| 6. Name and Address of Current Registered Agent REISCHL, MANFRED 1913 HOLLYWOOD BLVD HOLLYWOOD, FL 33020   |  |                              |                                    | NOT W            |                          |  |  |
| 8. The above named entity submits this statement for the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent.  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.   | and fille if applicable (NOTE, Registe 9. Election Campaign Fine | red Agent signature required |                                    |                  | DATE  1079311 -80060-024 | age and some                               |  |
| TITLE DPS NAME REISCHL, TORBERIS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 33312741 TITLE DVT NAME REISCHL, MANFRED STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 33312741 TITLE NAME STREET ADDRESS CITY-ST-ZIP | 977 <u>-</u>   |                              |                                    | NOT W            | RITE                     |  |  |
| TITLE  |  | 1                            |                                    |                  |                          |  |  |

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: 4

NAME STREET ADDRESS CHY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/02/04 (954)927-0052