2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000099104

1. Entity Name ALLYWOOD HAIR DESIGN, INC.



Principal Place of Business

Mailing Address

917 CANDLE BERRY RD 900 & Goldenial ORLANDO, FL 328 Read SuiteA

917 CANDLE BERRY RD ORLANDO, FL 32825

FILED Mar 12, 2004 8:00 am Secretary of State

03-12-2004 90033 030 ***150.00



02162004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3677643

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

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

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

COSTA, ALEIDA C 917 CANDLE BERRY RD ORLANDO, FL 32825

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	named entity submits this statement for the plans of registered agent.	ourpose of changing its regi	gistered office or registered agent, or both, in the State of Florida. I am familiar with, and accep
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Reg	egistered Agent signature required when reinstating) DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign F Trust Fund Contribut	+
10.	OFFICERS AND DIREC	CTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COSTA, ALEIDA C 917 CANDLE BERRY RD ORLANDO, FL 32825		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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12. I hereby of indicated of the cor	certify that the information supplied with this for a this report or supplemental report is true reporation or the receiver or trustee empowere	iling does not qualify for the and accurate and that my si d to execute this report as r	ne exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11