

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000113158

1. Entity Name
DON LORENZO UNISEX HAIR SALON, INC.



Principal Place of Business:

3408 E ATLANTIC BLVD
POMPANO BEACH, FL 33062-5701

Mailing Address

3408 E ATLANTIC BLVD
POMPANO BEACH, FL 33062-5701

**FILED
Mar 28, 2005 08:00 AM
Secretary of State**



DO NOT WRITE IN THIS SPACE

03022005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1060474	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

DESIMONE, LORENZO
3408 E ATLANTIC BLVD
POMPANO BEACH, FL 33062-5701

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IN THIS SPACE**

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 designating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME DESIMONE, LORENZO
STREET ADDRESS 3408 E ATLANTIC BLVD
CITY-ST-ZIP POMPANO BEACH, FL 330625701

U01000278798

03/28/05-80041-015 150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: Lorenzo Desimone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/05
Date

Daytime Phone #