

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90021 042 \*\*\*150.00

<b>DOCUMENT # P01000010288</b>					
<b>1. Entity Name</b> <b>SEARSTOWN HAIRCUTTERS, INC.</b>					
<b>Principal Place of Business</b> <b>907 NORTH FEDERAL HIGHWAY</b> <b>SEARSTOWN PLAZA</b> <b>FORT LAUDERDALE, FL 33304</b>			<b>Mailing Address</b> <b>907 NORTH FEDERAL HIGHWAY</b> <b>SEARSTOWN PLAZA</b> <b>FORT LAUDERDALE, FL 33304</b>		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> <b>65-1070323</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> <b>SIMILIEN, MARIE E</b> <b>SEARSTOWN PLAZA</b> <b>907 N FEDERAL HIGHWAY</b> <b>FORT LAUDERDALE, FL 33304</b>				<b>7. Name and Address of New Registered Agent</b>	
<b>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.</b>				<b>8.75 Additional Fee Required</b>	
<b>SIGNATURE</b> <i>Marie Glorinde Similien</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				<b>DATE</b> <i>3/18/04</i>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PSTD</b> <input type="checkbox"/> Delete <b>SIMILIEN, MARIE E</b> <b>907 NORTH FEDERAL HIGHWAY</b> <b>FORT LAUDERDALE, FL 33304</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <i>Marie Glorinde Similien</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>DATE</b> <i>3/18/04</i> <small>Daytime Phone #</small>	