


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90027 015 ***150.00

DOCUMENT # P01000011662	
1. Entity Name HAIR AND NAIL CONNECTION, INC.	

Principal Place of Business 7153 PEMBROKE RD. PEMBROKE PINES, FL 33023	Mailing Address 7153 PEMBROKE RD. PEMBROKE PINES, FL 33023
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2. Principal Place of Business 6335 Pembroke Road Suite, Apt. #, etc.	3. Mailing Address 6335 Pembroke Road Suite, Apt. #, etc.
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City & State Hollywood, FL	City & State Hollywood, FL
Zip 33023	Zip 33023
Country USA	Country USA



03192004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent LOPEZ, ELIZABETH 661 NW 194 ST. MIAMI, FL 33169	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST LOPEZ, ELIZABETH 661 NW 194TH ST. MIAMI, FL 33169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Elizabeth Lopez **3/22/04** **(954) 843-0505**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #