2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000015896

1. Entity Name
"EXPLOSIONS" THE HAIR CAFE, INC.

Principal Place of Business	Mailing Address
98 DIVISION ST. OVIEDO, FL 32762	430 LIME STREET EATONHILL, FL 32751

DO NOT WRITE IN THIS SPACE

04292004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3698229	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GRANT, KENNEDY
430 LIME ST.
EATONVILLE, FL 32751

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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. ☐ **$5.00** May Be Added to Fees

U000000148193
05/03/04—80137-012 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	D	
NAME	GRANT, KENNEDY	
STREET ADDRESS	430 LIME ST.	
CITY-ST-ZIP	EATONVILLE, FL 32751	
TITLE		
NAME		
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CITY-ST-ZIP		

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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: _____ KENNEDY GRANT 4/29/04 407-361-4949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #