2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000032453

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

Entity Name: NEW YORK 2099 HAIR STUDIO, INC.

() Delete

FILED Apr 30, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
516 SE 47TH TERR CAPR CORAL, FL 33904	516 SE 47TH TERR CAPE CORAL, FL 33904
Current Mailing Address:	New Mailing Address:
516 SE 47TH TERR CAPR CORAL, FL 33904	516 SE 47TH TERR CAPE CORAL, FL 33904
FEI Number: 65-1088148 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
BAEZ, JOSEFA 516 SE 47TH TERR CAPR CORAL, FL 33904 US	BAEZ, JOSEFA 516 SE 47TH TERR CAPE CORAL, FL 33904 US
The above named entity submits this statement for the pu in the State of Florida.	rpose of changing its registered office or registered agent, or both,
SIGNATURE: JOSEFA BAEZ	04/30/2005
Electronic Signature of Registered Agen	nt Date
Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: DPTS () Delete Name: BAEZ, JOSEFA Address: 516 SE 47TH TERR City-St-Zip: CAPR CORAL, FL 33904	Title: P/D (X) Change () Addition Name: BAEZ, JOSEFA Address: 516 SE 47TH TERR City-St-Zip: CAPE CORAL, FL 33904
Title: () Delete Name: Address: City-St-Zip:	Title: V () Change (X) Addition Name: BAEZ, JOSEFA Address: 516 SE 47TH TERRACE City-St-Zip: CAPE CORAL, FL 33904
Title: () Delete Name:	Title: S () Change (X) Addition Name: BAEZ, JOSEFA

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

516 SE 47TH TERRACE

CAPE CORAL, FL 33904

516 SE 47TH TERRACE

CAPE CORAL, FL 33904

BAEZ, JOSEFÁ

() Change (X) Addition

SIGNATURE: JOSEFA BAEZ P 04/30/2005