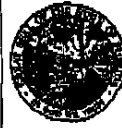


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90572 030 ***150.00

DOCUMENT # P01000043231
 1. Entity Name
HAIRBIZ OF ST. LUCIE COUNTY, INC.



24055571



Principal Place of Business
 2055 SOUTH U.S. 1
 FORT PIERCE, FL 34950

Mailing Address
 2055 SOUTH U.S. 1
 FORT PIERCE, FL 34950

2. Principal Place of Business
 Suits, Apt. #, etc.

3. Mailing Address
 Suits, Apt. #, etc.

City & State
 City & State

Zip
 Country
 Zip
 Country

04202004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1101996

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
M & W AGENTS, INC.
2101 CORPORATE BLVD.
SUITE 107
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

B. 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 _____ (NOTE: Registered Agent Signature required when (R)E(NT)R(ING) 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**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PERLMUTTER, KATHLEEN S	2055 SOUTH US 1	FORT PIERCE, FL 34950	<input type="checkbox"/>
	PERLMUTTER, JEROME B	2055 SOUTH US 1	FORT PIERCE, FL 34949	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 an officer or trustee empowered to execute this report as required by Chapter 807, 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 **JEROME B PERLMUTTER** 4-20-04
 (PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE DAYtime Phone #