
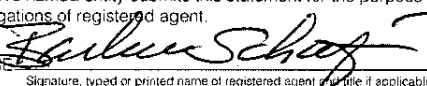
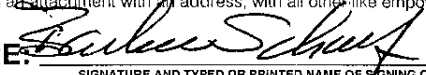


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90032 036 \*\*\*150.00

<b>DOCUMENT # P01000058438</b> 1. Entity Name <b>ATHENIAN HAIR AFFAIR, INC.</b>																									
Principal Place of Business 6169 JOG RD., C-3 LAKE WORTH, FL 33467				Mailing Address 6169 JOG RD., C-3 LAKE WORTH, FL 33467																					
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address <b>ATTN: BARBARA SCHULTZ</b> Suite, Apt. #, etc. <b>6820 KINGSTON DR</b> City & State <b>LANTANA FL</b> Zip                      Country <b>33462                      USA</b>																							
4. FEI Number <b>65-1116006</b>		Applied For <input type="checkbox"/> Not Applicable																							
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																							
6. Name and Address of Current Registered Agent  <b>SCHULTZ, BARBARA</b> <b>6169 JOG RD., C-3</b> <b>LAKE WORTH, FL 33467</b>			7. Name and Address of New Registered Agent Name <b>BARBARA SCHULTZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>6820 KINGSTON DRIVE</b> City <b>LANTANA</b> <b>FL</b> Zip Code <b>33462</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. SIGNATURE  <b>BARBARA SCHULTZ</b> <b>2-2-04</b> <small>Signature, typed or printed name of registered agent, as applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																									
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees Trust Fund Contribution.																							
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td>SCHULTZ, BARBARA</td> <td>6169 JOG RD., C-3</td> <td>LAKE WORTH, FL 33467</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete		SCHULTZ, BARBARA	6169 JOG RD., C-3	LAKE WORTH, FL 33467		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td><b>D P BARBARA SCHULTZ</b></td> <td><b>6820 KINGSTON DRIVE</b></td> <td><b>LANTANA FL 33462</b></td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<b>D P BARBARA SCHULTZ</b>	<b>6820 KINGSTON DRIVE</b>	<b>LANTANA FL 33462</b>	
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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:  <b>BARBARA SCHULTZ</b> <b>2-2-04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																									
561-588-1820																									