


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90057 005 ***150.00

DOCUMENT # P01000060951	
1. Entity Name THE HAIR COMPANY OF LONDON, INC.	

Principal Place of Business 1020 SE 9TH AVE FT LAUDERDALE FL 33316	Mailing Address 1020 SE 9TH AVE FT LAUDERDALE FL 33316
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54028496



MOORE CR2E034 (11/03)

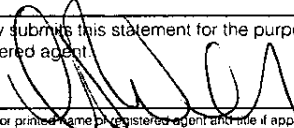
2. Principal Place of Business 1111 CITRUS ISLE Suite, Apt. #, etc. FT. LAUDERDALE City & State FLORIDA Zip 33315 Country U.S.A.	3. Mailing Address 1111 CITRUS ISLE Suite, Apt. #, etc. FT. LAUDERDALE City & State FLORIDA Zip 33315 Country U.S.A.
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4. FEI Number 65-1112534	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WEBSTER, CHRISTOPHER S 200 SE 12TH AVE #315 FORT LAUDERDALE FL 33301	7. Name and Address of New Registered Agent Name WEBSTER CHRISTOPHER S Street Address (P.O. Box Number is Not Acceptable) 1111 CITRUS ISLE FT. LAUDERDALE City FL Zip Code 33315
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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  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	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	D WEBSTER, JANINE 1020 SE 9TH AVE FT LAUDERDALE FL 33316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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