

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90042 024 \*\*\*150.00

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01262005 Chg-P CR2E034 (10/03)

DOCUMENT # P01000072396			
1. Entity Name INFINITY HAIR STUDIO, INC.			
Principal Place of Business 433 10TH AVE W PALMETTO, FL 34221		Mailing Address 433 10TH AVE W PALMETTO, FL 34221	
2. Principal Place of Business 901 30th Avenue West Suite, Apt. #, etc.		3. Mailing Address 901 30th Avenue West Suite, Apt. #, etc.	
City & State Palmetto FL Zip 34221-5031 Country		City & State Palmetto FL Zip 34221-5031 Country	
4. FEI Number 65-1124451		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		-\$8.75. Additional Fee Required	
6. Name and Address of Current Registered Agent SELL, RITA R 901 30TH AVE W PALMETTO, FL 34221		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
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 _____ DATE _____ <small>Signature of Registered Agent and Title if Applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SELL, RITA R 433 10TH AVE W PALMETTO, FL 34221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 901 30th Avenue West Palmetto, FL 34221-5031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SELL, DAVID G 433 10TH AVE W PALMETTO, FL 34221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 901 30th Avenue West Palmetto, FL 34221-5031
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
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
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
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: <u>D. S. Sell</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Rita Sell		Date: 1-29-05 Daytime Phone #: (941) 862-3325	