2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000094889

1. Entity Name

Principal Place of Business

ANGELA'S BEAUTY SALON INC.



Mailing Address

154 N.W. 57TH AVE 154 N.W. 57TH AVE MIAMI, FL 33126 MIAMI, FL 33126

FILED Apr 30, 2004 08:00 AM Secretary of State



03162004

No Chg-P

CR2E034 (10/03)

4. FEI Number		Applied For
65-1142427		Not Applicable
	_ \$8	3 75 Additional

5. Certificate of Status Desired

Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

RIOS, ANGELA

SIGNATURE:

DO NOT WRITE

MIAMI, FL 33126		IN THIS SPACE				
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 Signature, typed or sufficient name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
Signature, typed depirfied name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees		
10,	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD RIOS, ANGELA 154 N.W. 57TH AVE MIAMI, FL 33126				(440. 0 prince) Postana richt (50 pie)	
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TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO	NOT WRITE	
ISTLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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.						

AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR