


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P01000117682
 1. Entity Name
LUCKY CHARM BEAUTY SALON, INC.



Principal Place of Business Mailing Address
 4843 N.W. 183RD STREET 4843 N.W. 183RD STREET
 CAROL CITY, FL 33055 CAROL CITY, FL 33055

DO NOT WRITE IN THIS SPACE



04262004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-1157145 Not Applicable

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

6. Name and Address of Current Registered Agent
 CARTER, AVRIL VERONICA
 4843 N.W. 183RD STREET
 CAROL CITY, FL 33055

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

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

UD00000144007
 04/30/04-80115-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CARTER, AURIL V
STREET ADDRESS	4843 N.W. 183RD STREET
CITY-ST-ZIP	CAROL CITY, FL 33055
TITLE	VPD
NAME	WILLORY, OWEN
STREET ADDRESS	4843 N.W. 183RD STREET
CITY-ST-ZIP	CAROL CITY, FL 33055
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 507, 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: Wak 4/26/04 305 620-7008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #