2004 FOR PROFIT CORPORATION

FILED

ANNUAL REPORT				May 03, 2004 08:00 A			
DOCU	MENT # P0200001142	21]			of State
1. Entity Name ENCHANTED BEAUTY SALON, INC				THE STATE OF THE S			
Principal Plac	e of Business	Mailing Address					
251 S. STAT PLANTATION		251 S. STATE RD, 7 PLANTATION, FL 33317					18 :: Bat :: B: 88 (: 5 8 8)
				04022004	No Chg-P	CR2E034 (1	a (tab) ((b)as) (1 (sa)
	O NOT WRITE I	N THIS SPA	CE	4. FEI Numb			Applied For
				90-000 5. Certificate	02528 of Status Desired		Not Applicable 75 Additional Required
	6. Name and Address of Current Reg	stered Agent	grafica a carassa a servici.	eta esa artamente	Language (Language) Language (Language)	kupakispikis istoriska	ti (tigo quin municipani). Tagairtí
SNAGG, ADRIAN H 4425 NW 45TH TERR. COCONUT CREEK, FL 33073					NOT W THIS SP	• •	
8. The above the obligat	named entity submits this statement for the ions of registered agent.	purpose of changing its registere	ed office or register	ed agent, or bo	th, in the State of Flo	rida. I am famili	ar with, and accept
SIGNATURE_							
	Signature, typed or printed name of registered agent and titl	a Y applicable (NOTE, Registers	d Agert signature required	when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			· <u> </u>	00 May Be ed to Fees	U000000 05/04/04-8	151010 30028-023	150.00
10.	OFFICERS AND DIRE	CTORS _		,	age and the second	er per grij in de se en een	
NAME STREET ADDRESS CITY-ST-ZIP	D CANWORD, SHARON 4425 NW 45TH TERR. COCONUT CREEK, FL 33073						
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STREET ADDRESS CITY-ST-ZIP				, , , ,			74
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TITLE NAME STREET ADDRESS					ililio de la computación de la		

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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:

CITY-ST-ZIP

SHARON CHNWOYD SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OU/29/04 954-

Daytime Phone #