


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000011421 1. Entity Name ENCHANTED BEAUTY SALON, INC		
Principal Place of Business 251 S. STATE RD. 7 PLANTATION, FL 33317	Mailing Address 251 S. STATE RD. 7 PLANTATION, FL 33317	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SNAGG, ADRIAN H 4425 NW 45TH TERR. COCONUT CREEK, FL 33073		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		U000000151010 05/04/04-80028-023 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANWORD, SHARON 4425 NW 45TH TERR. COCONUT CREEK, FL 33073	DO NOT WRITE IN THIS SPACE
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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)(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: <i>Sharon Canword</i> Sharon CANWORD 04/29/04 954- <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		