

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # P0200001911	3				04-28-20	004 90200 0	49 ***	158.75	
Principal Plac	e of Business V	ailing Address								
148 VINE ST		48 VINE ST.					÷			
OVIEDO, FL	32765)VIEDO, FL. 32765						•		
3					1 1000000	ERITE MEN ERIN ERIN ERIN			I EI II I EAI	
2. Principal Place of Business										-
Clix Hair & Nouls						BOILD II DE SOIS COLI REIL	L MRENT INDIN TRIBITIEN	OI HOREIKI		
Suite, Apt. #, etc.					04262004	Chg-P	_CR2E034_(10/03)_		
City & State 1 City & State								,		1
City & State	do Ela	City & State	ty a state			4. FEI Number Applied For Not Applicable				
Zio	Country	Zip	Coun	trv			- CR	75 Addi		
3276	5 Seminale	•	•		5. Certificate	of Status Desired		Required		
00.00	6. Name and Address of Current Regis	stered Agent			7. Name and	Address of New R	egistered Agen	t)
				Name		•				
MASSEY, SUE A 148 VINE ST. OVIEDO, FL. 32765				Street Address (P.O. Box Number is Not Acceptable)						
				olidati dallati (i i i i i i i i i i i i i i i i i i						
	32.33									1
	-			City	 	<u></u> -	FL	Zip Code		'
0 The steel	named entity submits this statement for the					. :- # O (FI				
	ions of registered agent.	purpose of changing its	registen	ed office of register	red agent, or bot	n, in the State of Fit	лов. таппапіі	iar with, a	ана ассері	
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOT	E: Registere	d Agent signature required	d when reinstating)		DATE			
After May 1, 2004 Fee will be \$550.00 9. Election Campaign Trust Fund Contribu					.00 May Be led to Fees	L PLT: FIX	مستنيد () الله ا		·	
10.	OFFICERS AND DIRE	CTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIR	ECTORS	IN 11	
TITLE	PSTD	☐ Delete	TIπ					Change	Addition	
NAME (5)	MASSEY, SUE A		NAM	E						
STREET ADDRESS	, 148 VINE ST.			ET ADDRESS						
CITY-ST-ZIP	OVIEDO, FL 32765			-ST-ZIP		 				1
TITLE		☐ Delete ·	TITL	I				Change	☐ Addition	
NAME STREET ADDRESS	} ·		NAM STRE	ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						ĺ
TITLE *		☐ Delete	TITL				П	Change	☐ Addition	1
NAME			NAM		•		_			
STREET ADDRESS			STRE	ET ADDRESS						'
CITY-ST-ZIP			CITY	-ST-ZIP						1
TITLE .		☐ Delete	TITL	4		•		Change	Addition	
NAME			NAM						,	.]
STREET ADDRESS. CITY-ST-ZIP				ET ADDRESS -ST-ZIP	·	·	ر بيرز (پارستانيس	==		
		П р./	TITL			<u> </u>		Change	Addition	1
TITLE NAME		☐ Delete	NAM					Change	↑.	
STREET ADDRESS	·			ET ADDRESS					•) '
CITY-ST-ZIP			CITY	-ST-ZIP						
0111431421			F	I I		<u> </u>				1
TITLE	•	☐ Delete	τιπ	E		•		Change	☐ Addition	1
TITLE		☐ Delete	NAM	E				Change	Addition	
TITLE NAME STREET ADDRESS		□ Delete	NAM STRE	EET ADDRESS		•		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with this	·	NAM STRE CITY	E EET ADDRESS -ST-ZIP		3) Florida Co				

12. I hereby certify that the information supplied with this filling does not quality 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 eath; 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

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRINTED NAME OF SIGNING OR PRINTED NAME OF SIGNING OFFICER OR PRINTED NAME OF SIGNING OFFICER OR PRI

126/04 407-443-090