

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000038128

FILED
Apr 22, 2004
Secretary of State

Entity Name: RENAISSANCE HAIR & NAIL EXPERIANCE, INC.

Current Principal Place of Business:

6316 LANTANA ROAD
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

6316 LANTANA ROAD
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: 43-1958058

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, DONNA L
6660 EAST CALUMET CIRCLE
LAKE WORTH, FL 33467

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEWIS, DONNA L
Address: 6660 EAST CALUMET CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

Title: V () Delete
Name: ROBERTS, KARON L
Address: 18619 OCEAN MIST
City-St-Zip: BOCA RATON, FL 33498

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: ROBERTS, KARON L
Address: 9834 VIA AMONTI
City-St-Zip: LAKE WORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA L LEWIS

P

04/22/2004

Electronic Signature of Signing Officer or Director

Date