2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # P02000075576 1. Entity Name TOP CELEBRITY SALON, INC.					05-02-2005 90453 045 ***150.00				
Principal Place	e of Business	Mailing Address							
5433 N. STATE RD 7 TAMARAC, FL 33319		5433 N. STATE RD 7 Tamarac, FL 33319			, 	No.			
	v.								
2. Principal Place of Business		3. Mailing Address							
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			04222005	Chg-P	CR2E	34 (10/03)	
City & State	9 457	City & State			4. FEI Numbe 50-0049				oplied For of Applicable
Zip ,	Country	Zip	Country	-	5. Certificate	of Status Desired		\$8.75 Add	
	6. Name and Address of Curre	nt Registered Agent	'		7. Name and	Address of New	Registered		
			· Name				7,		
HENRY, N 6553 SW 8			Street	Street Address (P.O. Box Number is Not Acceptable)					
IN. ENOBE	NDAEL, I'L 30,000					···			
			City				FL	Zip Cod	e
	named entity submits this statement ions of registered agent.	t for the purpose of changing	its registered office of	or register	ed agent, or bot	h, in the State of	Florida. I am	familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered age	ent and title If applicable. (N	OTE: Registered Agent signs	ature required	d when reinstaling)		DATE		
FiL	Signature, typed of printed name of registered age E NOWIII FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Cam	paign Financing		.00 May Be		DATE		
FiL	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Cam	paign Financing		.00 May Be led to Fees	CHANGES TO O		D DIRECTOR	S IN 11
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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 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:

SIGNA TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/05 95

954-733-0863