


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90767 001 ***750.00

DOCUMENT # P02000127958
 1. Entity Name
 PRETTY GIRL BEAUTY SALON, INC.



66014525



Principal Place of Business: 4237 HOLLYWOOD BLVD, HOLLYWOOD, FL 33021
 Mailing Address: 4237 HOLLYWOOD BLVD, HOLLYWOOD, FL 33021

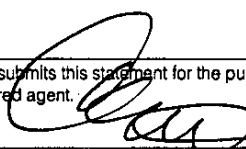
2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country
 3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

03312005 Chg-P CR2E034 (10/03)

4. FEI Number: 74-3072079 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: SALON, PIEHT G B, 4237 HOLLYWOOD BLVD, HOLLYWOOD, FL 33021
 7. Name and Address of New Registered Agent: Name: Barry Fisher, Street Address: 4237 Hollywood Blvd., City: Hollywood, FL, Zip Code: 33021

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.

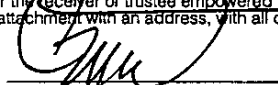
SIGNATURE:  DATE: 4/21/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D <input type="checkbox"/> Delete	NAME: FISHER, BARRY	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: 2210 N. 53rd Ave
STREET ADDRESS: 4237 HOLLYWOOD BLVD	CITY-ST-ZIP: HOLLYWOOD, FL 33021	STREET ADDRESS: 2210 N. 53rd Ave	CITY-ST-ZIP: Hollywood, FL 33021
TITLE: D <input type="checkbox"/> Delete	NAME: FISHER, HARLAN J	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: 6610 NW 74 Drive
STREET ADDRESS: 4237 HOLLYWOOD BLVD	CITY-ST-ZIP: HOLLYWOOD, FL 33021	STREET ADDRESS: 6610 NW 74 Drive	CITY-ST-ZIP: Parkland, FL 33067
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 information.

SIGNATURE:  DATE: 4/21/05
 CERTIFIED PUBLIC ACCOUNTANT
 7425 N.W. 4th STREET
 PLANTATION, FLORIDA 33317
 Daytime Phone #: 954-321-6300