2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P030000Q4536 1. Entity Name DAISY'S HAIR TOUCH, INC.						04-28-2004 90165 010 ***150.00				
Principal Plac	a of Husinaes	Mailing Address					94068	CZSA		
Principal Place of Business 11300 NW 87 CT #131		11300 NW 87 CT #13			,		94000	,,,,,		
HIALEAH GARDENS, FL 33016		HIALEAH GARDENS, FL 33016								
						1 18 811 991 111	2912 IIII 7211 2211 7211	* ### #### #### #### #### #### ####		
9 Oringinal D	lace of Business	3. Mailing Address								
z, i iliopari	IACA OLDUSINASS	3. Maining Address					1511) 1515) 1661 5116 1116			
Suite, Apt. #, etc.		Suite, Apt, #, etc.				04162004	Chg-P	CR2E034 (10/03)		
(2) (2.0)										
City & State		City & State				4. FEI Numbe	71677		pplied For	
Zip Country		Zip Cou		untry				CO 75	ot Applicable	
				•		5. Certificate	of Status Desired	Fee Require		
·	6. Name and Address of Current I	Registered Agent		Name_		7. Name and	Address of New Re	gistered Agent		
MELENDREC DAIGY D					Ais	, D m	e len Dres			
MELENDRES, DAISY D 6485 W AVE APR 105					Street Address (P.O. Box Number is Not Acceptable)					
HIALEAH, FL 33016				9	208	NW	174 ST			
				City	n;A	mi		FL Zp Co	de, p	
8. The above named entity submits this statement for the purpose of changing its registered office or regis							th, in the State of Flor	ida. Lam familiar with	and accent	
the obligations of legistereplage in										
SIGNATURE (MULLIUM)										
Signature would or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstaling) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May 8e Trust Fund Contribution. Added to Fees										
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTOR	RS IN 11	
TITLE STATE	DPV .	Delete	TITLE					(L) Change	Addition	
NAME **	MELENDRES, DAISY D		NAME:				1711 6		-,	
STREET ADDRESS:	.6485 W 24 AVE APT 105			EL ADDRESS	900	8 N.W. Imi, Fl	11401			
	HIALEAH, FL-33016			ST-ZIP	11114	imi,				
TITLE ***	Delete		TITLE NAME					Change	Addition	
STREET ADDRESS				t address						
CITY-ST-ZIF	100		GITY-	ST-20P						
TITLE	☐ Delete		TITLE	TITLE		· · ·		☐ Change	Addition	
NAME	<u></u>		- NAME				· <u></u>			
STREET ADDRESS CRTY-ST-ZNP				T ADDRESS ST-ZIP						
TITLE		Fi s.i.i.			••••	·		[] ol		
NAME		Li Delete	TITLE					∐ Change	Addition	
STREET ADDRESS			8	T ADDRESS						
CITY-S1-ZIP	***************************************		CNY-	\$1- <i>2</i> 1P						
THUE		☐ Delete	1111.6			,		☐ Ghange	Addition	
name Street address			NAME							
Offy-ST-2P				t address ST-202						
mu				sr: 68		***************************************				
NAME		L.J Dolete	TITLE					☐ Change	Addition	
STREET ADDRESS			1	T ADDRESS					•	
CHY-S1-ZIF				S1-ZEP						
12. I hereby of indicated	ertify that the information supplied with on this report of supplemental report is	this filing does not qualify for true and accurate and that m	the exen	nption stature shall ha	ed in Sec ave the s	ction 119,07(3)(ame legal effec	i), Flerida Statutes. I i I as if made under oa	further certify that the ath; that I am an office	information r or director	

Taking colling mature information supplies with this little information indicated on this report of 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 tructee 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 addition, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

4/23/04 305-3623550