


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90322 047 \*\*\*150.00

<b>DOCUMENT # P03000021609</b>					
1. Entity Name <b>BATTALIA HAIR CORPORATION</b>					
Principal Place of Business 11401 PINES BLVD. #334 PEMBROKE PINES, FL 33026 US			Mailing Address 7734 PETERS ROAD PLANTATION, FL 33324 US		
2. Principal Place of Business		3. Mailing Address <b>11401 PINES BLVD.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>#334</b>			
City & State		City & State <b>PEMBROKE PINES, FL</b>			
Zip	Country	Zip	Country	4. FEI Number <b>05 055 6792</b>	
<b>33026</b>	<b>USA</b>	<b>33026</b>	<b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BATTAGLIA, STEVEN A 5003 SW 35 WAY HOLLYWOOD, FL 33312</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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: <u>Steven A. Battaglia</u> <b>4/26/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
10. OFFICERS AND DIRECTORS					
TITLE	P <input type="checkbox"/> Delete				
NAME	<b>John Battaglia</b>				
STREET ADDRESS	<b>5003 SW 35 Way</b>				
CITY-ST-ZIP	<b>Hollywood, FL 33312</b>				
TITLE	VP <input type="checkbox"/> Delete				
NAME	<b>SCOTT A SAMUELS</b>				
STREET ADDRESS	<b>13571 BISCAYNE BLVD.</b>				
CITY-ST-ZIP	<b>N MIAMI BEACH, FL 33181</b>				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
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)(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: <u>Scott A. Samuels</u> <b>4/26/04</b> <b>305 556 7740</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

11401 PINES BLVD

