


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90532 001 ***150.00

DOCUMENT # P03000023228

1. Entity Name
SENSATIONAL HAIR SALON, INC.



Principal Place of Business Mailing Address
2096 N. UNIVERSITY DR. **2096 N. UNIVERSITY DR.**
PEMBROKE PINES, FL 33023 **PEMBROKE PINES, FL 33023**

50046124



2. Principal Place of Business 3. Mailing Address
6930 Stirling Rd **6930 Stirling Rd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04292005 Chg-P CR2E034 (10/03)

City & State City & State
Hollywood, Fla **Hollywood, Fla**
 Zip Country Zip Country
33024 **Broward** **33024** **Broward**

4. FEI Number Applied For
41-2082535 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
RODRIGUEZ, MARITZA
211 NW 77 WAY
PEMBROKE PINES, FL 33024

7. Name and Address of New Registered Agent
 Name **Nancy Serrano**
 Street Address (P.O. Box Number is Not Acceptable)
7711 NW 6th Court
 City **Pembroke Pines, FL** Zip Code **33024**

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 *Nancy Serrano* **NANCY SERRANO** **4-29-05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SERRANO, NANCY	
STREET ADDRESS	2096 N. UNIVERSITY DRIVE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SERRANO, ALBERT	
STREET ADDRESS	7711 N.W. 6TH COURT	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
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	Managing Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Altagracia Morales	
STREET ADDRESS	6109 SW 18 Street	
CITY-ST-ZIP	Miramar, Fla 33022	
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: *Nancy Serrano* **Nancy Serrano** **4-29-05** **(904) 673-6163**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #