

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000041284

FILED
Feb 28, 2005
Secretary of State

Entity Name: TROPICAL WAVES HAIR STUDIO, INC.

Current Principal Place of Business:

577 DELTONA BLVD STE 17
DELTONA, FL 32725

New Principal Place of Business:

Current Mailing Address:

577 DELTONA BLVD STE 17
DELTONA, FL 32725

New Mailing Address:

FEI Number: 45-0514141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIALLANZA, FRANCES G
3430 MONUMENT DR
DELTONA, FL 32738 US

Name and Address of New Registered Agent:

GRAY, PATRICIA
3131 N COVINGTON DR
DELTONA, FL 32738 US

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.

SIGNATURE: PATRICIA GRAY

02/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: GRAY, PATRICIA
Address: 577 DELTONA BLVD STE 17
City-St-Zip: DELTONA, FL 32725

Title: DVT (X) Delete
Name: GIALLANZA, FRANCES G
Address: 577 DELTONA BLVD STE 17
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA GRAY

DPS

02/28/2005

Electronic Signature of Signing Officer or Director

Date