

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 07, 2004 8:00 am
Secretary of State

05-05-2004 90242 048 ***150.00

DOCUMENT # P03000043234																													
1. Entity Name MARY'S HAIR SALON CORP.																													
Principal Place of Business 3491 N. DIXIE HWY OAKLAND PARK FL 33334			Mailing Address 3491 N. DIXIE HWY OAKLAND PARK FL 33334																										
2. Principal Place of Business 3491 N. DIXIE HWY Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State OAKLAND PARK FL Zip 33334 Country U.S.		City & State FL		4. FEI Number 20-0165757																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable																									
6. Name and Address of Current Registered Agent G. ALFA-SERVICES CORP. 10 FAIRWAY DRIVE SUITE 123 DEERFIELD FL 33441			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																										
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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>Maria Carlin</u> 03/1/04 - 954-566-5522																													
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													