## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 19, 2004 8:00 am Secretary of State

DOCUMENT # P03000044198  1. Entity Name ARTISAN HAIR STUDIO, INC.					04-19-2004 90284 044 ***150.00				
Principal Place of Business Mailing Address				······································	İ	0	40247	CH	•
5918 PALMER BLVD. SARASOTA, FL 34232		5918 PALMER BLVD. SARASOTA, FL 34232		94054757					
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04122004	Chg-P	CR2E03	4 (10/03)	
City & State		City & State			4. FEI Numb	14-188	0472		oplied For of Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired		<b>8.75</b> Addee Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
MOORE, DIANNE 5341 ANTIONETTE ST. SARASOTA, FL 34232				Name Street Address (P.O. Box Number is Not Acceptable)					
			City				FL	Zip Cod	e
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 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, 2004 Fee will be \$550.00  9. Election Campaign Financian Trust Fund Contribution.					00 May Be ad to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OF	FICERS AND D	IRECTOR	\$ IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CISNEROS, LISA M 16237 WIBURN DR. SARASOTA, FL 34240	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss			I	□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CISNEROS, JOSE R 3 16237 WINBURN DR. SARASOTA, FL 34240	□ Delete ·	TITLE NAME STREET ADDRES CITY-ST-ZIP	cis	SNEROS	III, JOS	-	<b>∠</b> Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	S			[	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRES CHY-S1-ZIP	s			[	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s				] Change	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-SI-ZIP					] Change	☐ Addilion
12. I nereby of indicated	certify that the information supplied with on this report or supplemental report is	this illing does not quality for t true and accurate and that m	ine exemption s v signature shai	itated in Sec I have the s	nion 119.07(3)( ame legal effol	n, Horida Statutes. It as if made under	i iturther certify oath; that I am	r that the in an officer	normation or director

indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effoct as it made sheef oddit; that if and an ollicer 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: CISAL CISALES LISA M. CISNEROS X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(941) 341-0688 Daylime Phone #

Date