

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 14, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90215 032 \*\*\*150.00

DOCUMENT # P03000045896  
 1. Entity Name  
 50 WEST HAIR STUDIO INC.



Principal Place of Business: 4938 WEST COLONIAL DRIVE, ORLANDO, FL 32808  
 Mailing Address: 4938 WEST COLONIAL DRIVE, ORLANDO, FL 32808

66427858



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

04282004 Chg-P CR2E034 (10/03)

City & State, Zip, Country fields for both Principal Place of Business and Mailing Address.

4. FEI Number: 87-0693763  
 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 DEAS, JESSIE  
 4938 WEST COLONIAL DRIVE STE D  
 ORLANDO, FL 32808

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: Jessie Deas DATE: 4/26/04

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: DEAS, JESSIE STREET ADDRESS: 4938 WEST COLONIAL DRIVE STE D CITY-ST-ZIP: ORLANDO, FL 32808	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Jessie Deas DATE: 4/26/04  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #