

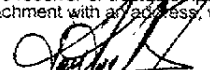


FILED
Jan 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P03000047533				Jan 27, 2004 08:00 AM Secretary of State	
1. Entity Name HAIR & NAILS INTERNATIONAL, INC.					
Principal Place of Business 14400 SOUTH MILITARY TRAIL NUMBER 15 DELRAY BEACH FL 33484		Mailing Address 14400 SOUTH MILITARY TRAIL NUMBER 15 DELRAY BEACH FL 33484			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)	
City & State		City & State		4. FEI Number	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROMERO, HENRY 14400 SOUTH MILITARY TRAIL NUMBER 15 DELRAY BEACH FL 33484				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> 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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P, T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	ROMERO, HENRY			NAME	
STREET ADDRESS	14400 SOUTH MILITARY TRAIL, #15			STREET ADDRESS	
CITY- ST- ZIP	DELRAY BEACH FL 33484			CITY- ST- ZIP	
TITLE	VP,	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SALAS, GERMAN			NAME	
STREET ADDRESS	14400 SOUTH MILITARY TRAIL, #15			STREET ADDRESS	
CITY- ST- ZIP	DELRAY BEACH FL 33484			CITY- ST- ZIP	
TITLE	SEC	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	ROMERO, LUIS R			NAME	
STREET ADDRESS	14400 SOUTH MILITARY TRAIL, #15			STREET ADDRESS	
CITY- ST- ZIP	DELRAY BEACH FL 33484			CITY- ST- ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	ROMERO, HENRY			NAME	
STREET ADDRESS	14400 SOUTH MILITARY TRAIL, #15			STREET ADDRESS	
CITY- ST- ZIP	DELRAY BEACH FL 33484			CITY- ST- ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SALAS, GERMAN			NAME	
STREET ADDRESS	14400 SOUTH MILITARY TRAIL, #15			STREET ADDRESS	
CITY- ST- ZIP	DELRAY BEACH FL 33484			CITY- ST- ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	ROMERO, LUIS R			NAME	
STREET ADDRESS	14400 SOUTH MILITARY TRAIL, #15			STREET ADDRESS	
CITY- ST- ZIP	DELRAY BEACH FL 33484			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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		HENRY ROMERO		1/21/04 (561) 498-5477	