


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

**DOCUMENT # P03000047533**  
 1. Entity Name  
**HAIR & NAILS INTERNATIONAL, INC.**



Principal Place of Business Mailing Address  
**14400 SOUTH MILITARY TRAIL NUMBER 15 DELRAY BEACH FL 33484.** **14400 SOUTH MILITARY TRAIL NUMBER 15 DELRAY BEACH FL 33484**

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

City & State City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired  \$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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)


**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.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	P, T	<input type="checkbox"/> Delete
NAME	ROMERO, HENRY	
STREET ADDRESS	14400 SOUTH MILITARY TRAIL, #15	
CITY - ST - ZIP	DELRAY BEACH FL 33484	
TITLE	VP,	<input type="checkbox"/> Delete
NAME	SALAS, GERMAN	
STREET ADDRESS	14400 SOUTH MILITARY TRAIL, #15	
CITY - ST - ZIP	DELRAY BEACH FL 33484	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	ROMERO, LUIS R	
STREET ADDRESS	14400 SOUTH MILITARY TRAIL, #15	
CITY - ST - ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROMERO, HENRY	
STREET ADDRESS	14400 SOUTH MILITARY TRAIL, #15	
CITY - ST - ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALAS, GERMAN	
STREET ADDRESS	14400 SOUTH MILITARY TRAIL, #15	
CITY - ST - ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROMERO, LUIS R	
STREET ADDRESS	14400 SOUTH MILITARY TRAIL, #15	
CITY - ST - ZIP	DELRAY BEACH FL 33484	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #