

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90044 045 ***150.00

DOCUMENT # P03000047533

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.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE CR2E034 (10/04)

4. FEI Number **30-0170604**
APPLIED FOR

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROMERO, HENRY
 14400 SOUTH MILITARY TRAIL
 NUMBER 15
 DELRAY BEACH FL 33484

Name **GERMAN SALAS**
 Street Address (P.O. Box Number is Not Acceptable)
4170 Landar Dr
 City **LAKE WORTH** FL Zip Code **33463**

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]* **GERMAN SALAS** DATE **1/27/05**
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, 2005 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALAS, GERMAN	
STREET ADDRESS	4170 N LANDAR DR	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4170 N LANDAR DR	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **GERMAN SALAS, VP** DATE **1/27/05** (561) 498-5477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #