2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Apr 05, 2004 8:00 am Secretary of State DOCUMENT # P03000057466 1. Entity Name 04-05-2004 90394 003 ***158.75 SHERON'S STYLING STUDIO, INC. Principal Place of Business Mailing Address 12300 SEMINOLE BLVD #1 12300 SEMINOLE BLVD #1 **LARGO FL 33778 LARGO FL 33778** 2. Principal Place of Business 3. Mailing Address 0300 Seminde 2300 Seminde Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Suite Sute City & State City & State 4. FE! Number Applied For LARGO ARGO 33-1063897 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33778 33778 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent _WooDS SHERON-L. ALONSO, JORGE F Street Address (P.O. Box Number is Not Acceptable) 9714 -121ST ST, N SEMINOLE FL 33772 Zip Code 33 7 7 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. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE P/D Delete TITLE Addition WOODS, SHERON L NAME NAME STREET ADDRESS 9190 - 108TH AVE. N STREET ADDRESS CITY-ST-ZIP SEMINOLE FL 33777 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME. NAME STREET ADDRESS STREET ADORESS CiTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED