

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 23, 2004 8:00 am
Secretary of State

08-26-2004 90004 006 ***150.00

DOCUMENT # P03000057520							
1. Entity Name EMPIRE BEAUTY SALON INC.							
Principal Place of Business 2113 E. COLONIAL DRIVE ORLANDO FL 32803 US			Mailing Address 13209 GLACIER NATIONAL DRIVE 4307 ORLANDO FL 32837 US				
2. Principal Place of Business 2113 E. COLONIAL DR.		3. Mailing Address 13209 GLACIER NATIONAL DR.					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (4/04)			
City & State ORLANDO, FLORIDA		City & State ORLANDO, FL		4. FEI Number 693472488 <input type="checkbox"/> Applied For Not Applicable			
Zip 32803 Country FLORIDA		Zip 32837 Country FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HERNANDEZ, ROBERT E 13209 GLACIER NATIONAL DRIVE 4307 ORLANDO FL 32837			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State </div> <div style="width: 40%;"> S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/> </div> <div style="width: 20%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE P	NAME HERNANDEZ, ROBERT E		<input type="checkbox"/> Delete	TITLE	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 13209 GLACIER NATIONAL DRIVE #4307	CITY - ST - ZIP ORLANDO FL 32837			STREET ADDRESS	CITY - ST - ZIP		
TITLE VP	NAME SANCHEZ, ROSA		<input type="checkbox"/> Delete	TITLE	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 13209 GLACIER NATIONAL DRIVE #4307	CITY - ST - ZIP ORLANDO FL 32837			STREET ADDRESS	CITY - ST - ZIP		
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP			STREET ADDRESS	CITY - ST - ZIP		
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP			STREET ADDRESS	CITY - ST - ZIP		
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP			STREET ADDRESS	CITY - ST - ZIP		
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP			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:				8-23-2004 (320231-6610)			
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 30, 2004

EMPIRE BEAUTY SALON INC.
13209 GLACIER NATIONAL DRIVE
4307
ORLANDO, FL 32837 US

Subject: EMPIRE BEAUTY SALON INC.

Reference Number. P03000057520

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RH
ANNUAL REPORTS SECTION