

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000063022

FILED
Apr 29, 2004
Secretary of State

Entity Name: THE BOMB HAIR CARE, INC.

Current Principal Place of Business:

1299 E. COMMERCIAL BLVD., SUITE E
OAKLAND PARK, FL 33334

New Principal Place of Business:

Current Mailing Address:

1299 E. COMMERCIAL BLVD., SUITE E
OAKLAND PARK, FL 33334

New Mailing Address:

FEI Number: 41-2097666

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DORSETT, TRANESE S
101 NE 41 ST. #A-19
OAKLAND PARK, FL 33334 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: DORSETT, TRANESE S
Address: 1299 E. COMMERCIAL BLVD., SUITE E
City-St-Zip: OAKLAND PARK, FL 33334

Title: P () Delete
Name: DORSETT, TRANESE S
Address: 1299 E. COMMERCIAL BLVD., SUITE E
City-St-Zip: OAKLAND PARK, FL 33334

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: JUMPER, ROBIN D MRS
Address: 2201 N.W. 27 ST
City-St-Zip: OAKLAND PARK, FL 33311

Title: TREA () Change (X) Addition
Name: FIELD, ROBERT D MR
Address: 101N.E. 41 ST. #A-19
City-St-Zip: OAKLAND PARK, FL 33334

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRANESE DORSETT

P

04/29/2004

Electronic Signature of Signing Officer or Director

_____ Date