

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000072912

FILED  
Jan 10, 2004  
Secretary of State

Entity Name: BEAUTY NAIL & HAIR SUPPLY, INC.

## Current Principal Place of Business:

487 KASSIK CIRCLE  
ORLANDO, FL 32824

## New Principal Place of Business:

12720 S. ORANGE BLOSSOM TR.  
ORLANDO, FL 32824

## Current Mailing Address:

487 KASSIK CIRCLE  
ORLANDO, FL 32824

## New Mailing Address:

FEI Number: 20-0238473

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CONDON, RICHARD P  
3492-A POLYNESIAN ISLE BLVD.  
KISSIMMEE, FL 34746 US

## Name and Address of New Registered Agent:

CALMONT, RYANS A  
3492-A POLYNESIAN ISLE BLVD.  
KISSIMMEE, FL 34746 US

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: RYANS A. CALMONT

01/10/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: EL-ISIS, ROSA M  
Address: 487 KASSIK CIRCLE  
City-St-Zip: ORLANDO, FL 32824

Title: S ( ) Delete  
Name: CONDON, RICHARD P  
Address: 487 KASSIK CIRCLE  
City-St-Zip: ORLANDO, FL 32824

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MAHMOUD, ADEL  
Address: 487 KASSIK CIRCLE  
City-St-Zip: ORLANDO, FL 32824

Title: VP (X) Change ( ) Addition  
Name: EL-ISIS, ROSA M  
Address: 487 KASSIK CIRCLE  
City-St-Zip: ORLANDO, FL 32824

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: ADEL MAHMOUD

P

01/10/2004

Electronic Signature of Signing Officer or Director

Date