2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000079649

1. Entity Name
ABSOLUTE HAIR DESIGN INC.

Principal Place of Business	Mailing Address
4317 EL PRADO BLVD TAMPA, FL 33629 US	4309 SAN JUAN ST TAMPA, FL 33629 US

DO NOT WRITE IN THIS SPACE

02072005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
54-2122167	Not Applicable

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

6. *Name and Address of Current Registered Agent*

CESTARY, CAROL A
4309 SAN JUAN ST.
TAMPA, FL 33629

DO NOT WRITE
IN THIS SPACE

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, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	‖00000326228 04/23/05-80046-024 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	CESTARY, CAROL A
STREET ADDRESS	4309 SAN JUAN ST.
CITY-ST-ZIP	TAMPA, FL 33629

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ Carol Cestary _____ 4-18-05   813-831-35___
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #