

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000082946

1. Entity Name

HAIR EXXPRESS U.S.A., INC.



Principal Place of Business

5545 GREYSTON STREET
PALM HARBOR FL 34685
US

Mailing Address

5545 GREYSTON STREET
PALM HARBOR FL 34685
US

2. Principal Place of Business

930 Patricia Ave.
Suite, Apt. #, etc.

3. Mailing Address

930 Patricia Ave
Suite, Apt. #, etc.

City & State

Dunedin FL

City & State

Dunedin FL

Zip

34698

Country

U.S.A.

Zip

34698

Country

U.S.A.

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERT F. DIMARCO, C.P.A., P.A.
3444 EAST LAKE ROAD
SUITE 412
PALM HARBOR FL 34685

7. Name and Address of New Registered Agent

Name: Ralph Vitiello
Street Address (P.O. Box Number is Not Acceptable): 930 Patricia Ave
City: Dunedin FL Zip Code: 34698

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

Ralph Vitiello

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004**

Make Check Payable to Florida Department of State

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. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	VITIELLO, RALPH	
STREET ADDRESS	5545 GREYSTON STREET	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PISCITELLO, CHERIE	
STREET ADDRESS	5545 GREYSTON STREET	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vitiello, Ralph	
STREET ADDRESS	930 Patricia Ave	
CITY-ST-ZIP	Dunedin FL 34698	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Piscitello, Cherie	
STREET ADDRESS	930 Patricia Ave	
CITY-ST-ZIP	Dunedin FL 34698	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 I am empowered.

SIGNATURE:

Ralph Vitiello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

27 736-3446

FILED
04 OCT -4 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E034 (4/04)