

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000083048

FILED  
Apr 26, 2004  
Secretary of State

Entity Name: VERONIK HAIR PRODUCTS, INC.

**Current Principal Place of Business:**

1120 102 ST # 10  
BAY HARBOR, FL 33154

**New Principal Place of Business:**

444 BRICKELL AVE. #51-101  
MIAMI, FL 33131

**Current Mailing Address:**

1120 102 ST # 10  
BAY HARBOR, FL 33154

**New Mailing Address:**

444 BRICKELL AVE. #51-101  
MIAMI, FL 33131

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MILLER, ALFRED ESQ  
6604 SW 95 CT  
MIAMI, FL 33173    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:            PD            ( ) Delete  
Name:           DEL PINO MACK, MARTHA V  
Address:        1120 102 ST  
City-St-Zip:    BAY HARBOR, FL 33154

Title:            VPD            ( ) Delete  
Name:           MACK, REID  
Address:        1120 102 ST  
City-St-Zip:    BAY HARBOR, FL 33154

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            PD            (X) Change ( ) Addition  
Name:           DEL PINO MACK, MARTHA V  
Address:        444 BRICKELL AVE #51-101  
City-St-Zip:    BAY HARBOR, FL 33154

Title:            VPD            (X) Change ( ) Addition  
Name:           MACK, REID  
Address:        444 BRICKELL AVE. #51-101  
City-St-Zip:    MIAMI, FL 33131

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: MVM

PRES

04/26/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date