

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90714 003 ***150.00

DOCUMENT # P03000088262					
1. Entity Name MC DISCOUNT BEAUTY SUPPLY, INC.					
Principal Place of Business 2031 N DIXIE HWY POMPANO BEACH, FL 33060		Mailing Address 2031 N DIXIE HWY POMPANO BEACH, FL 33060			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-0147008					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
5. Name and Address of Current Registered Agent EACCOUNTANTSMALL.COM, LLC 1437 NE 4TH AVE FT LAUDERDALE, FL 33304			7. Name and Address of New Registered Agent Name: MONISE CHERFRERE Street Address (P.O. Box Number is Not Acceptable): 842 SW 68 AVE City: NORTH LAUD. FL Zip Code: 33068		
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: <i>Monise C Cherfrere</i> DATE: _____ <small>Signature, typed or printed name of registered agent and title (applicable to PCA) (NOTE: Registered Agent signature required when reinstating)</small>					
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME CHERFRERE, MONISE C STREET ADDRESS 842 SW 68 AVE CITY-ST-ZIP NORTH LAUDERDALE, FL 33068	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME CHERFRERE, MICHEL STREET ADDRESS 842 SW 68 AVE CITY-ST-ZIP NORTH LAUDERDALE, FL 33068	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Monise C Cherfrere</i> Date: _____ Daytime Phone #: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					