

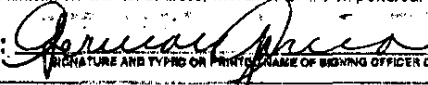
FROM : Michael Melendez

FAX NO. : 305 971 2367

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90201 003 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000143434					
1. Entity Name GGV PROFESSIONAL HAIR PRODUCTS, INC.					
Principal Place of Business 6140 EDGEWATER DRIVE, UNIT C ORLANDO, FL 32810 US			Mailing Address 6140 EDGEWATER DRIVE, UNIT C ORLANDO, FL 32810 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 20-0435228			Applied For Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MELENDEZ, MICHAEL 20795 SW 129 PL MIAMI, FL 33177			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ Signature typed in printed name of registered agent and 100 if applicable. (NOTE: Registered Agent's signature is required when re-registering.)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$880.00			9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees True Fund Contribution.		
10. OFFICERS AND DIRECTORS					
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	GARCIA, OERMAN		NAME		
STREET ADDRESS	620 NORTH INDIGO ROAD		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRING, FL 32714		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	GARCIA, CARMEN		NAME		
STREET ADDRESS	620 NORTH INDIGO ROAD		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRING, FL 32714		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	GARCIA, DOMINGO, A		NAME		
STREET ADDRESS	620 NORTH INDIGO ROAD		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRING, FL 32714		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	GARCIA, GERMIE		NAME		
STREET ADDRESS	620 NORTH INDIGO ROAD		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRING, FL 32714		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(b), Florida Statutes. I further certify that the information indicated on the 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:  SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					