

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90270 019 \*\*\*150.00

<b>DOCUMENT # P04000130374</b> 1. Entity Name <b>TITO'S HAIR SALON, INC.</b>																																																																																																																																													
Principal Place of Business <b>2561 NORTH DIXIE HIGHWAY LAKEWORTH, FL 33460</b>			Mailing Address <b>2561 NORTH DIXIE HIGHWAY LAKEWORTH, FL 33460</b>																																																																																																																																										
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 <b>201-64-2237</b>																																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																																																																																																																									
6. Name and Address of Current Registered Agent  <b>DEJESUS, JULIO 5900 GARDEN AVE. WEST PALM BEACH, FL 33405</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																																									
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 _____ (NOTE: Registered Agent signature required when re-registering) <small>Signature, typed or printed name of registered agent and title if applicable</small>																																																																																																																																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																																																									
<div style="display: flex;"> <div style="flex: 1;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 10%;">NAME</td> <td style="width: 10%;">DEJESUS, JULIO</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">5900 GARDEN AVE.</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%;">WEST PALM BEACH, FL 33405</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="9"> </td></tr> <tr><td colspan="9"> </td></tr> <tr><td colspan="9"> </td></tr> <tr><td colspan="9"> </td></tr> <tr><td colspan="9"> </td></tr> <tr><td colspan="9"> </td></tr> <tr><td colspan="9"> </td></tr> </table> </div> <div style="flex: 1;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">DEJESUS, Julio</td> <td style="width: 10%;">NAME</td> <td style="width: 10%;">616 EASY ST</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">W.P.B., FL 33406</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="8"> </td></tr> <tr><td colspan="8"> </td></tr> <tr><td colspan="8"> </td></tr> <tr><td colspan="8"> </td></tr> <tr><td colspan="8"> </td></tr> <tr><td colspan="8"> </td></tr> <tr><td colspan="8"> </td></tr> </table> </div> </div>						TITLE	P	NAME	DEJESUS, JULIO	STREET ADDRESS	5900 GARDEN AVE.	CITY-ST-ZIP	WEST PALM BEACH, FL 33405	<input type="checkbox"/> Delete																																																																TITLE	DEJESUS, Julio	NAME	616 EASY ST	STREET ADDRESS	W.P.B., FL 33406	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																								
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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.																																																																																																																																													
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <span>Date <b>4/22/05</b></span> <span>Daytime Phone #</span> </div>																																																																																																																																													

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