

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000041200</b>						<b>Secretary of State</b>			
1. Entity Name <b>FLORIDA ACADEMY OF HAIR DESIGN, INC.</b>									
Principal Place of Business 38363 STATE ROAD 54 EAST ZEPHYRHILLS, FL 33540				Mailing Address PO BOX 1419 ZEPHYRHILLS, FL 33539-1419					
2. Principal Place of Business				3. Mailing Address					
Suite, Apt. #, etc.				Suite, Apt. #, etc.					
City & State				City & State					
Zip		Country		Zip		Country		03042004      Chg-P      CR2E034 (10/03)	
4. FEI Number 59-3189472				Applied For Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
OSBORNE, GEORGIA L. 38239 PEAR COURT ZEPHYRHILLS, FL 33541					Name _____				
					Street Address (P.O. Box Number is Not Acceptable) _____				
					City _____ <b>FL</b> 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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating)</small> DATE _____									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OSBORNE, GEORGIA L. 38363 HWY 54 E ZEPHYRHILLS, FL 33540	Delete							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete							
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		Addition							

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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.