


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90237 041 ***150.00

DOCUMENT # P93000064360

1. Entity Name
NELLYS BEAUTY SALON CORPORATION



Principal Place of Business
**3360 S.W. THIRD AVE.
 MIAMI, FL 33129**

Mailing Address
**3360 S.W. THIRD AVE.
 MIAMI, FL 33129**

94074810



2. Principal Place of Business
685W FLAGLER ST
 Suite, Apt. #, etc.

3. Mailing Address
685W FLAGLER ST
 Suite, Apt. #, etc.

04282004 Chg-P CR2E034 (10/03)

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33144 Country
USA

Zip
33144 Country
USA

4. FEI Number
65-0442590

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SEGORIA, NELLY
3360 S.W. THIRD AVE.
MIAMI, FL 33129

7. Name and Address of New Registered Agent

Name
Sequeira, Nelly

Street Address (P.O. Box Number is Not Acceptable)
685W FLAGLER ST

City
MIAMI FL Zip Code
33144

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: *Nelly Sequeira* DATE: **4-28-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SEQUIRA, NELLY	
STREET ADDRESS	2375 NE 187TH ST	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEQUEIRA, Nelly	
STREET ADDRESS	2375 NE 187 ST	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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: *Nelly Sequeira* DATE: **4-28-04** (305) 815-9141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #