2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 21, 2004 8:00 am Secretary of State DOCUMENT # P93000081057 1. Entity Name 04-21-2004 90076 037 \*\*\*150.00 THE HAIR PLACE UNISEX SALON, INC. Principal Place of Business Mailing Address 105 S. FEDERAL HIGHWAY 105 S. FEDERAL HIGHWAY **DANIA FL 33004** DANIA FL 33004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0458513 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRUSCIANTE, SABATO C Street Address (P.O. Box Number is Not Acceptable) 105 S FEDERAL HIGHWAY **DANIA FL 33004** City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition NAME FRUSCIANTE, SABATO NAME STREET ADDRESS 105 S. FEDERAL HIGHWAY . STREET ADDRESS CITY-ST-ZIP **DANIA FL 33004** CITY-ST-710 TITLE ☐ Delete TITLE Addition The Hair Place Unisex NAME NAME STREET ADDRESS STREET CITY-ST-ZIP CITY-ST TITLE Delete TITLE Addition Sabato Frusciante NAME NAME \* Owner STREET ADDRESS STREET A CITY-ST-ZIE CITY-ST-Quality Services Closed Sunday (954) 923-7350 Low Prices TITLE ☐ Delete TITLE 105 South Federal Hwy. Addition Open 6 Days Dania Beach, Florida 33004 NAME NAME Children Under 10 and People Over 65 Save \$2.00 - Wed. & Thurs. Only STREET ADDRESS STREET AG CITY-ST-ZIP CITY-ST-☐ Change TITLE ☐ Delete TITLE ■ Addition 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 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.

**FILED** 

Date

Daytime Phone #