2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: __.

DOCUMENT # P94000011130 1. Entity Name							à	Feb 06, 2004 08:00 AM Secretary of State	
GABY ATTIAS HAIR DESIGN, INC.								·	
Principal Place of Business Mailing Address						`		· · · · · · · · · · · · · · · · · · ·	
18792 W DIXIE HWY				18792 W DIXIE HWY					
AVENUTRA FL 33180 AVENUTRA FL 33180									
2. Principal Place of Business				3. Mailing Address					
Suite, Apt. #, etc			Suine, Apr. #, etc				_	MOORE CR2E034 (11/03)	
City & State			City & State				4.	Applied For Not Applicable	
Z ip	Country		Zıp		Coun	Country		Certificate of Status Desired \$8.75 Additional Fee Required	
Name and Address of Current Registered Agent						Name	7.	Name and Address of New Registered Agent	
ATTIAS, GABRIEL						Street Address (P.O. Box Number is Not Acceptable)			
1300 215		MI GARDENS DR		oneer Address					
N MIAMI BEACH FL 33179					City Zip Code				
 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									
Signature, typed or printed name of registered agont and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State								9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND DIRECTORS				. 11.			ODITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ALLITE	PD ATTIAC CARPIEL			☐ Delete TITE		}	Change Addition		
NAME ATTIAS, GABRIEL STREET ADDRESS 1300 NE MIAMI GARDENS DR APT			3		NAM STBI	EET ADDRESS		U00008033121 02/06/04-80166-002 150.00	
CITY-ST-ZIP N MIAMI BEACH FL 33179			1			'-ST-ZIP	Car Car Carre Ann Farson		
TIRE				☐ Delete	TATE	}		☐ Change ☐ Addition	
NAME STREET ADDRESS	7.55		3		NAM SIRI	ame Ireey address			
CITY-ST-ZIP			1			ST-ZIP			
TITLE				☐ Delete	BIL	ξ		☐ Change ☐ Addition	
NAME CIDET ADDRESS					NAN	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP						-ST-ZIP			
TITLE				☐ Delete	TELL	£		Change Addition	
NAME					NAM	_			
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS (-ST-ZIP			
TITLE				☐ Delete	TEEL			☐ Change ☐ Addition	
NAME					NAM				
STREET ADDRESS CITY-ST-ZIP					•	EET ADDRESS (+SI+ZIP			
TITLE				☐ Delete	TITL			☐ Change ☐ Addition	
NAME				ar voids	NAN	į			
STREET ADDRESS						EET ADDRESS			
CITY-ST-ZIP	portification of	no information summitted white	this fire	does not avalle for		(-ST-ZIP	Spotia	n 110 07/2VII) Florida Statutos 1 further contile that the information	
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 trustes emptywered 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

Feb 2 04 305-466 2045