


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000027129

1. Entity Name
BEAU MONDE HAIR SALON, INC.



Principal Place of Business 165 WEKIVA SPRINGS ROAD SUITE 111 LONGWOOD, FL 32779	Mailing Address 165 WEKIVA SPRINGS ROAD SUITE 111 LONGWOOD, FL 32779
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DO NOT WRITE IN THIS SPACE



02032004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3233441	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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5. Name and Address of Current Registered Agent

**RICHARDS, GALE
 165 WEKIVA SPRINGS ROAD
 SUITE 111
 LONGWOOD, FL 32779**

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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 _____ DATE _____
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

U00000040820
 02/09/04-80063-016 150.00

10. OFFICERS AND DIRECTORS

TITLE P	NAME RAINONE, LAWRENCE
STREET ADDRESS 165 WEKIVA SPRINGS ROAD, SUITE 111	CITY-ST-ZIP LONGWOOD, FL 32779

TITLE VP	NAME RICHARDS, GALE
STREET ADDRESS 165 WEKIVA SPRINGS ROAD, STE 111	CITY-ST-ZIP LONGWOOD, FL 32779

TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

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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.

SIGNATURE: Lawrence P. Rainone Date: 2.4.04 Daytime Phone #: 407 862 9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR