


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000027129 1. Entity Name BEAU MONDE HAIR SALON, INC.	
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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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01302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3233441	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 RICHARDS, GALE 165 WEKIVA SPRINGS ROAD SUITE 111 LONGWOOD, FL 32779	DO NOT WRITE IN THIS SPACE
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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAINONE, LAWRENCE 165 WEKIVA SPRINGS ROAD, SUITE 111 LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICHARDS, GALE 165 WEKIVA SPRINGS ROAD, STE 111 LONGWOOD, FL 32779
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02/22/05-80044-013: 150.00

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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 **LAWRENCE P. RAINONE** (407)
PRESIDENT 2/16/05 862-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #