


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # P94000027129</b> 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)

4. FEI Number 59-3233441	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  RICHARDS, GALE 165 WEKIVA SPRINGS ROAD SUITE 111 LONGWOOD, FL 32779
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

<b>10. OFFICERS AND DIRECTORS</b>	
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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<p>U000000239427 02/22/05-80044-013: 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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 #