
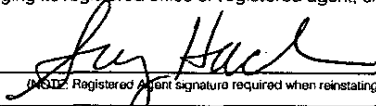


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90094 028 ***150.00

DOCUMENT # P94000067562 1. Entity Name WIGS FOR YOU OF ADVENTURA, INC.					
Principal Place of Business 5690 WASHINGTON STREET HOLLYWOOD, FL 33023 US			Mailing Address 5690 WASHINGTON STREET HOLLYWOOD, FL 33023 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4082004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HENSCHEL, ANDREW S 801 NE 16TH ST 2ND FLOOR MIAMI, FL 33162				Name GARY HACKER & ROMANO Street Address (P.O. Box Number is Not Acceptable) 3300 NORTH 29th AVENUE SUITE #102 City HOLLYWOOD FL Zip Code 33020	
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 GARY HACKER & ROMANO <small>Signature, typed or printed name of registered agent and title if applicable.</small>				 <small>(If Not Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHOONOVER, RICHARD		NAME		
STREET ADDRESS	5348 SW 34 WAY		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL		CITY-ST-ZIP		
TITLE	SVD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHOONOVER, BLANCA		NAME		
STREET ADDRESS	5348 SW 34 WAY		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-04 951-963-9680