2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State
04-12-2004 90235 036 ***150.00

DOCUMENT # P95000010057

1. Entity Name
CAPRI BEAUTY SALON INC

Principal Place of Business	Mailing Address
1744 B KENNEDY CAUSEWAY N. BAY VILLAGE, FL 33141	1744 B KENNEDY CAUSEWAY N. BAY VILLAGE, FL 33141

04072004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
7904 WEST DRIVE		7904 WEST DRIVE	
Suite, Apt. #, etc. # 1		Suite, Apt. #, etc. # 1	
City & State NORTH BAY VILLAGE		City & State N. BAY VILLAGE	
Zip 33141	Country USA	Zip 33141	Country USA

4. FEI Number 65-0560704 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TANNHAUSER, PATRICIA
1865 JFK 79 ST
CAUSEWAY #14M
MIAMI, FL 33141

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ______
Signature, typed or printed name of registered agent 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

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TANNHAUSER, PATRICIA 1865 JFK 79 ST #14M N BAY VILLAGE, FL 33141	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature] 4-6-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #