

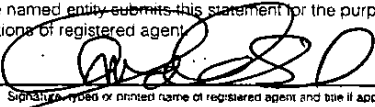
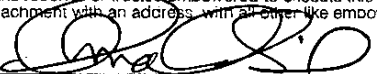


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90303 003 ***150.00

DOCUMENT # P95000016379 1. Entity Name HIS & HERS HAIR STUDIO, INC.																													
Principal Place of Business 7463 S. FEDERAL HWY. PORT ST. LUCIE, FL 34952				Mailing Address 7463 S. FEDERAL HWY. PORT ST. LUCIE, FL 34952																									
2. Principal Place of Business 317 SE Huron Terrace Suite, Apt. #, etc.		3. Mailing Address 317 SE Huron Terrace Suite, Apt. #, etc.																											
City & State Port St. Lucie, FL.		City & State Port St. Lucie, FL.		4. FEI Number 65-0635710																									
Zip 34983		Country St. Lucie		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent SIERK, ANNA 317 SE HURON TERRACE PORT ST. LUCIE, FL 34983				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:  DATE: 3-8-05 <small>Signature typed or printed name of registered agent and use if applicable (NOTE: Registered Agent signature required when reinstating)</small>																													
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																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PD</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SIERK, ANNA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7163 S. FEDERAL HWY.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PORT ST. LUCIE, FL 34952</td> <td></td> </tr> </table>			TITLE	PD	<input type="checkbox"/> Delete	NAME	SIERK, ANNA		STREET ADDRESS	7163 S. FEDERAL HWY.		CITY - ST - ZIP	PORT ST. LUCIE, FL 34952		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>317 SE Huron Terrace</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Port St. Lucie, FL. 34983</td> <td></td> </tr> </table>			TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	317 SE Huron Terrace		CITY - ST - ZIP	Port St. Lucie, FL. 34983	
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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:  DATE: 3-8-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													