



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90039 009 ***150.00

DOCUMENT # P95000026744 1. Entity Name DIVA'S HAIR STYLING SALON, INC.					
Principal Place of Business 1787 SW 3RD AVE CORAL WAY AT 17TH RD MIAMI, FL 33129			Mailing Address 1787 SW 3RD AVE CORAL WAY AT 17TH RD MIAMI, FL 33129		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02232004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 65-0577558	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FUENTES, MYRNA H. 8615 NW 8TH STREET, APT 111 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name AURA CORONADO Street Address (P.O. Box Number is Not Acceptable) 1787 SW 3RD AVE CORAL WAY AT 17TH RD City MIAMI FL Zip Code 33129		
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 <u><i>Aura Coronado</i></u> (NOTE: Registered Agent signature required when reinstating) DATE 2-23-04					
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 NAME STREET ADDRESS CITY-ST-ZIP	DPT FUENTES, MYRNA H. <input checked="" type="checkbox"/> Delete 8615 NW 8TH STREET, APT 111 MIAMI, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT CORONADO, AURA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1787 SW 3RD AVE MIAMI FL 33129	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS FUENTES, MYRNA H. <input checked="" type="checkbox"/> Delete 1787 SW 3RD AVE MIAMI, FL 33129		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS CORONADO, AURA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1787 SW 3RD AVE MIAMI FL 33129	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Aura Coronado</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 2-23-04 (3w) 888-6464		