


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90237 043 ***150.00

DOCUMENT # P95000074303			
1. Entity Name CLASSIC BEAUTY SALON, INC.			
Principal Place of Business 3980 SW 99 AVENUE MIAMI, FL 33165		Mailing Address 3980 SW 99 AVENUE MIAMI, FL 33165	
2. Principal Place of Business 10690 SW 24 St.		3. Mailing Address 10690 SW 24 St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33165	Country USA	Zip 33165	Country USA
6. Name and Address of Current Registered Agent GONZALEZ, MARIA H 9340 SW 40 TERR. MIAMI, FL 33165		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 <u><i>Maria H Gonzalez</i></u> DATE <u>4-20-04</u> <small>Signature, typed or printed name of registered agent and title is acceptable. (NOTE: 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 P	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME GONZALEZ, MARIA H		NAME	
STREET ADDRESS 9340 SW 40 TERR.		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33165		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME RANGEL, MAGALY		NAME	
STREET ADDRESS 5511 SW 97 AVE.		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33165		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: <u><i>Maria H Gonzalez</i></u>		DATE: <u>4-20-04</u> DAYTIME PHONE #: <u>305 220-9002</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

04212004 Chg-P CR2E034 (10/03)

