


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000003654</b> 1. Entity Name LENA VISTA HAIR FASHIONS, INC.	
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Principal Place of Business 172 N.W. 51ST STREET BOCA RATON, FL 33431	Mailing Address 172 N.W. 51ST STREET BOCA RATON, FL 33431
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<b>DO NOT WRITE IN THIS SPACE</b>
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01152004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0638394	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  NAVIN, ESTHER 172 N.W. 51ST STREET BOCA RATON, FL 33431	<b>DO NOT WRITE IN THIS SPACE</b>
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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 renouncing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000090725 03/17/04-80030-023 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NAVIN, ESTHER 3941 ANTIGUE POINT DR. BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHITE-VISNICK, NANCY 3655 N.E. 4TH AVENUE BOCA RATON, FL 33431
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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)(f), 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:** Esther Navin **3-16-04 561-994-0777**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #