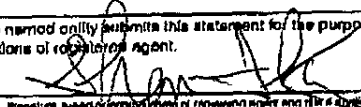
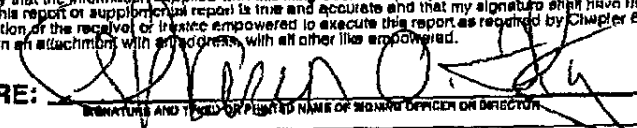


FROM : BETTER BUSINESS SERVICES

FAX NO. : 4078962526

Jul. 02 2004 02:01PM P1/2

FILED**Jul 08, 2004 08:00 AM**
Secretary of State**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000028528		
1. Entity Name WINTER PARK HAIR CLINIC, INC.		
Principal Place of Business 525 N PARK AVE SUITE 218 WINTER PARK, FL 32789 US		Mailing Address 525 N. PARK AVENUE SUITE 218 WINTER PARK, FL 32789 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FLING, SHARON O 525 N. PARK AVENUE SUITE 218 WINTER PARK, FL 32789		DO NOT WRITE IN THIS SPACE
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 7-02-04 Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent Signature is required when applicable)		
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		8. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLING, SHARON O 525 N. PARK AVENUE, SUITE 218 WINTER PARK, FL 32789	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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 address, with all other like empowered.		
SIGNATURE: 		DATE 7-02-04 407629 SIC

000000164459
07/08/04-80009-019 150.00

07022004 No Chg-P CR2E034 (10/03)

4. FEI Number
58-3365355
Applied For
☒ Not Applicable
8. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****DO NOT WRITE
IN THIS SPACE**