


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 08, 2004 8:00 am**  
**Secretary of State**

07-08-2004 90093 047 \*\*\*150.00

DOCUMENT # P96000035915  
 1. Entity Name  
 MARIA ELENA'S HAIR DESIGN, INC.



Principal Place of Business      Mailing Address  
 418 S. BARFIELD DR.      418 S. BARFIELD DR.  
 MARCO ISLAND, FL 33937-5142      MARCO ISLAND, FL 33937-5142

54060304



06212004    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0662129	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 PUJOL, MARIA E  
 418 S. BARFIELD DR.  
 MARCO ISLAND, FL 33937-5142

**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: *Maria Elena Pujol*  
Signature, typed or printed name of registered agent and title, as applicable. (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PUJOL, MARIA E
STREET ADDRESS	418 S BARFIELD DR
CITY-ST-ZIP	MARCO ISLAND, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *Maria Elena Pujol*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date: 6-28-04      Daytime Phone #: 239-394-5222

Attachment  
Doc. # P96000035915-  
54060304  
June 28, 2004

Florida Department of State  
Division of Corporations  
PO Box 6198  
Tallahassee, FL 32314

Dear Sirs,

You have stated that the fee to file the profit annual report is \$550.00. However, I would like to state that neither I, **Maria Elena Pujol**, nor my company, **Maria Elena's Hair Design, Inc.**, received the annual notice. Therefore I would like to have the late fee of \$400.00 waived.

Given these circumstances, I have included a check for the report fee of \$150.00. Please let me know if there are any details I have overlooked, and thank you for your time in this matter.

Sincerely,



Maria Elena Pujol, Owner  
Maria Elena's Hair Design, Inc.  
118 S. Barfield Dr  
STE B 214  
Marco Island, FL 34145-5172  
239-394-5222