

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 12, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000090133

1. Entity Name  
 THE HAIR COLORING SALONS, INC.



Principal Place of Business  
 328 GRANDON BLVD #213-214  
 KEY BISCAYNE, FL 33149

Mailing Address  
 328 GRANDON BLVD #213-214  
 KEY BISCAYNE, FL 33149



08032004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 52-2004093

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLON, PAUL  
 300 NE 160 TERRACE  
 MIAMI, FL 33162

**DO NOT WRITE IN THIS SPACE**

B. 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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

D. 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 PD  
 NAME COLON, AMERICA  
 STREET ADDRESS 300 NE 160 TERRACE  
 CITY-ST-ZIP MIAMI, FL 33162

TITLE VD  
 NAME COLON, PABLO  
 STREET ADDRESS 300 NE 160 TERRACE  
 CITY-ST-ZIP MIAMI, FL 33162

TITLE STD  
 NAME COLON, PAUL  
 STREET ADDRESS 300 NE 160 TERRACE  
 CITY-ST-ZIP MIAMI, FL 33162

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

000000169980  
 08/12/04-80006-017 150.00

**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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08.04.04

Date

Daytime Phone #