


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90024 005 ***150.00

DOCUMENT # P97000005824	
1. Entity Name HAIR WORLD, INC.	

Principal Place of Business 5396 SILVER STAR RD ORLANDO, FL 32808	Mailing Address 5396 SILVER STAR RD ORLANDO, FL 32808
---	---

94039994



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03082004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent KIM, KYUNG H 5380 SILVER STAR RD ORLANDO, FL 32808		7. Name and Address of New Registered Agent Name KYUNG HO - KIM Street Address (P.O. Box Number is Not Acceptable) 5396 Silver star rd. City Orlando FL Zip Code 32808	
--	--	--	--

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: *Kyung ho-kim* DATE: 3-26-04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P HO-KIM, KYUNG 1716 PALM BEACH DR APOKA, FL 32712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KYUNG HO-KIM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1345 BALLENTYNE PL. APOKA FL. 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARK, JIN SOON 1716 PALM BEACH DR APOKA, FL 32712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P JIN SOON - PARK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1345 BALLENTYNE PL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARK, HEE KYUNG 1716 PALM BEACH DR APOKA, FL 32412 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEE KYUNG - PARK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1345 BALLENTYNE PL. APOKA-FL. 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Kyung ho-kim* DATE: 3-26-04 (407) 292-8121
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR