

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000037818

FILED  
Jan 04, 2005  
Secretary of State

Entity Name: SOUTHERN STAR SALON SERVICES, INC.

## Current Principal Place of Business:

256 BRYAN RD.  
DANIA, FL 33004

## New Principal Place of Business:

## Current Mailing Address:

385 OSER AVE  
HAUPPAUGE, NY 11788

## New Mailing Address:

FEI Number: 58-2327224

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLORIDA FILING & SEARCH SERVICES INC  
3260 BALDWIN DRIVE WEST  
TALLAHASSEE, FL 32308 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: COHEN, JEFF  
Address: 270 SOUTHDOWN RD  
City-St-Zip: LLOYD HARBOR, NY 11743

Title: T ( ) Delete  
Name: CARAVELLA, LOUIS  
Address: 37 SUMMET DRIVE  
City-St-Zip: SMITHTOWN, NY 11787

Title: S ( ) Delete  
Name: KANTERMAN, MARK  
Address: 225 CHERRY PLACE  
City-St-Zip: EAST MEADOW, NY 11554

Title: S ( ) Delete  
Name: SUDALEY, MIKE  
Address: 20 HANCOCK CT.  
City-St-Zip: SETAUKER, NY 11720

Title: VP ( ) Delete  
Name: BAUM, PETER  
Address: 5937 SW 114TH ST  
City-St-Zip: FORT LAUDERDALE, FL 33320

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFF COHEN

P

01/04/2005

Electronic Signature of Signing Officer or Director

Date