

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P97000054376

1. Entity Name

THE HAIR PEOPLE, INC.



**FILED
Jun 02, 2004 8:00 am
Secretary of State**

06-02-2004 90004 044 ***150.00

44046107



MOORE CR2E034 (4/04)

Principal Place of Business 20335 BISCAYNE BLVD. AVENTURA FL 33181	Mailing Address 20335 BISCAYNE BLVD. AVENTURA FL 33181
2. Principal Place of Business 20335 BISCAYNE BLVD. Suite, Apt. #, etc. Suite 32	3. Mailing Address 20335 BISCAYNE BLVD. Suite, Apt. #, etc. # 32
City & State AVENTURA FLA	City & State AVENTURA FLA
Zip 33180	Country DADE
Zip 33180	Country DADE

4. FEI Number 65-0771513 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent CHUY, MARIA J 20335 BISCAYNE BLVD AVENTURA FL 33180	7. Name and Address of New Registered Agent Name MARIA CHUY Street Address (P.O. Box Number is Not Acceptable) 20335 BISCAYNE BLVD # 32 City AVENTURA FLA. FL Zip Code 33180
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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 Chy.

5-10-05

DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution. \$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	VPD AMATO, JEAN 20335 BISCAYNE BLVD AVENTURA FL 33181	<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	PD CHUY, MACIA J 20335 BISCAYNE BLVD AVENTURA FL 33181	<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
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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:

Maria Chy.

5/10/05

Date

Daytime Phone #