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2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000055952

1. Entity Name
DIAMOND'S HAIR STUDIO, INC.



Principal Place of Business
2910 N.W. 13TH ST.
GAINESVILLE, FL 32609

Mailing Address

2910 N.W. 13TH ST.
GAINESVILLE, FL 32609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08192004 Chg-P CR2E034 (10/03)



4. FEI Number
59-3468742

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIAMOND, GRACIE M
2910 N.W. 13TH ST.
GAINESVILLE, FL 32609

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Signature, typed or printed name of registered agent and title if 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME DIAMOND, GRACIE M
STREET ADDRESS 2910 N.W. 13TH ST.
CITY-ST-ZIP GAINESVILLE, FL 32609

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

400041569454
10/04/04--01033--012 **150.00

TITLE
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CITY-ST-ZIP

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Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

To FLS: Department of State
from: Diamonds Hair Studio Inc.

FEI 59-3468742

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Please be advised I did not receive the annual report being due by May 1, 2004.

Diamonds Hair Studio Inc.
2610 NW 13th St.
Gainesville, FL 32609

Thank you
Lorraine Diamond

Attached with
Document # 297000055953
WISO \$ 150.00 ck.

9-29-04 - phone 352-378-2074