2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000060030

1. Entity Name

DIANA POITIER'S SALON, INC.



Mailing Address

Principal Place of Business 260 CRANDON BLVD

KEY BISCAYNE, FL 33149

SUITE 39

260 CRANDON BLVD SUITE 39

KEY BISCAYNE, FL 33149

FILED May 03, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

04292004	No Chg-P	CR2E034 (10/	CR2E034 (10/03)		
4. FEI Number			Applied F		

65-0767310 5. Certificate of Status Desired

\$8.75 Additional Fee Required

Not Applicable

VARGAS, OLGA E 260 CRANDON BLVD.,SUITE 39 KEY BISCAYNE, FL 33149				DO NOT WRITE IN THIS SPACE		
8. The above the obligat	ions of registered agent	urpose of changing its rep	gistered of	fice or re	egistered agent, or bot	th in the State of Florida. I am familiar with, and accept
algina (Une_	अंद्रान्त्रांत्रकः पुरस्को अस्मान्त्रां सन्तर्भाव व स्ट्रान्त्रांत्रस्य अस्मान्त्रां आसे एतः ।	applicatio (NOTE Po	byshired Age	H high Allest	regiment which renstatings	CATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Frection Campaign Trust Fund Contribut		ם	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS				
HELE Alame Street Address Chiy-St-Zip	SPVT VARGAS, OLGA E 250 CRANDON BLVD., #39 KEY BISCAYNE, FL 33149	_				U00000148018 05/03/04-80130-006 150.00
PIFLE NAME STREET ADDRESS GRY ST ZIP						
name Stage Address City St Zip					DO	NOT WRITE
TREE NAME STREET ADDRESS SILY ST-ZIP					IN T	THIS SPACE
HTTE NAME STREET ADDRESS OFFY-ST ZIP						
HILE NAME SPIELE ADDRESS CITY ST 4P						

12. I nereby certify that the information supplied with this Ihing does not quality 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 HAVE OF SKAMING OFFICER OR DIRECTOR

04/28/04 (305)365.2166