


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90017 015 ***150.00

DOCUMENT # P97000073944 1. Entity Name MICHAEL ANGELO'S HAIR SALON, INC.																											
Principal Place of Business 2200 GLADES ROAD 912 BOCA RATON, FL 33431		Mailing Address 10865 LASALINAS CIR BOCA RATON, FL 33428																									
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 4095 STRD 7 SUITE M Suite, Apt. #, etc. LAKEWORTH FL City & State Zip Country																									
4. FEI Number 65-0778757		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04152004 Chg-P CR2E034 (10/03)																									
6. Name and Address of Current Registered Agent RAZZO, MICHAEL 10865 LA SALINAS CIRCLE BOCA RATON, FL 33428		7. Name and Address of New Registered Agent Name RAZZO MICHAEL Street Address (P.O. Box Number is Not Acceptable) 4095 STRD 7 SUITE M City LAKE WORTH FL 33467																									
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: <u>Michael Razzo</u> MICHAEL RAZZO DATE: <u>4/15</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
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																									
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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: <u>Michael Razzo</u> MICHAEL RAZZO DATE: <u>4/15</u> 5619661661 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																											

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