2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)					FILED .
DOCUMENT # P97000074353 1. Entity Name FRANCI'S BEAUTY SALON, CORP.					Feb 16, 2004 08:00 AM Secretary of State
Principal Place of Business 2923 SW 8TH STREET MIAMI FL 33135		Mailing Address 2923 SW 8TH STREET MIAMI FL 33135			
2. Principal Place of Business		3. Mailing Address		·	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E034 (11/03)
City & State		City & State			4. FEI Number 65-0776891 Applied For Not Applicable
Zip	Country Zip		Count	try	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Currer	nt Registered Agent		.,	7. Name and Address of New Registered Agent
LASTRA, CLARA 52 NW 51 AVENUE MIAMI FL 33126			ļ	Name	
				Street Address (P.O. Box Number is Not Acceptable)
,	1 0 00 1 20				The Code
				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 fills if applicable. (NOTE Registered Agent signature required when istinulating) DATE					
EU E MONNUL EEE IS \$150.00					
After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					9. Election Campalgn Financing \$5.00 May Be Trust Fund Contribution.
10.		ID DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS GITY-ST-ZIP	DPV LASTRA, CLARA 2923 SW 8ST MIAMI FL 33155	☐ Delete			□ Change □ Addition U00000054180 02/16/04-80162-001 150.00
TITLE NAME STREET ADDRESS GUTY-ST-ZIP		☐ Delete			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		}	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	•	· I	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		į	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY	E ET ADDRESS -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 apport 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 truefee 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:					

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED DAME OF SYMING OFFICER OR DIRECTOR