


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90002 006 ***150.00

DOCUMENT # P98000001956			
1. Entity Name AHEAD OF OUR TIME SALONS, INC.			
Principal Place of Business 10458 TAFT ST PEMBROKE PINES FL 33026		Mailing Address 1500 N.W. 112TH WAY PEMBROKE PINES FL 33026	
2. Principal Place of Business		3. Mailing Address 3575 N.W. 89th WAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State COOPER CITY, FL.	
Zip	Country	Zip	Country
		33024	USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CARUANA, ALBERT G 44 WEST FLAGLER ST., STE. 1000 MIAMI FL 33130		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP WILLIAMS, HAROLD E 1500 N.W. 112TH WAY PEMBROKE PINES FL 33026 <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	DST WILLIAMS, KIMBERLY D 1500 N.W. 112TH WAY PEMBROKE PINES FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Harold E. Williams* **HAROLD E. WILLIAMS** **2/5/04** **954-437-1622**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date Daytime Phone #