2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State
07-19-2004 90008 048 ***150.00

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1. Entity Name
HAIR RENAISSANCE, INC.

04063303

Principal Place of Business	Mailing Address
10111 SW 72ND ST MIAMI, FL 33174	10111 SW 72ND ST MIAMI, FL 33174

07082004 — No Chg-P — CR2E034 (10/03)

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4. FEI Number
65-0827395

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~DOYLE, ALLAN~~
~~175 FONTAINEBLEAU BLVD STE 1-B~~
~~MIAMI, FL~~

Michelle Grillasca
11250 SW 61st Terr
Miami, Florida
33173

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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: Michelle Grillasca V.P. 7/9/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	RULAND, LESLIE
STREET ADDRESS	2944 BIRD AVE UNIT 2
CITY-ST-ZIP	MIAMI, FL 33033
TITLE	VSD
NAME	GRILLASCA, MICHELLE
STREET ADDRESS	11250 SW 61ST TERR
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Michelle Grillasca 7/9/04 (305) 275-6111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #