

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

02-04-2004 90075 042 ***150.00

DOCUMENT # P98000036004 1. Entity Name PREMIER HAIR DESIGNS, INC.			
Principal Place of Business 5100 S. DIXIE HWY. #8 WEST PALM BEACH FL 33405 US <i>888 East Coast Ave Lantana, FL 33462</i>		Mailing Address 5100 S. DIXIE HWY. WEST PALM BEACH FL 33405 <i>888 EAST C Lantana, FL 33462</i>	
2. Principal Place of Business <i>888 East Coast Ave</i> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State LANTANA FL		City & State FL	
Zip 33462		Country FL	
4. FEI Number 65-0829868		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FAIRCLOUGH, MICHAEL J 2845 N. MILITARY TRAIL, STE. 8 WEST PALM BEACH FL 33409		7. Name and Address of New Registered Agent 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)			
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	D ☐ Delete UGALDE, SILVANA 1079 FOUIFAX CIR W BAYTON BEACH FL 33400	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 888 EAST COAST AVE LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete UGALDE, CARLOS L. 1079 FAUIFAX CIR W BAYTON BEACH FL 33400	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 888 EAST COAST AVE LANTANA, FL 33462
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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)(c), 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: <i>[Signature]</i>		Date: 3/8/04	