## 2005 FOR PROFIT CORPORATION ANNUAL-REPORT

CITY-ST-ZIP

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered

## Apr 28, 2005 08:00 AM Secretary of State DOCUMENT # P99000055729 FRIEND'S HAIR SALON, INC. Principal Place of Business Mailing Address 7224 W OAKLAND PK BLVD 7224 W OAKLAND PK BLVD LAUDERHILL, FL 33313 LAUDERHILL, FL 33313 04142005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0926279 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent PATTON, MARIE DO NOT WRITE 7224 W OAKLAND PARK BLVD FORT LAUDERDALE, FL 33313 IN THIS SPACE 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 | 1 am familiar with, and accept the obligations of registered agent. SIGNATURE. (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME PATTON, MARIE STREET ADDRESS 7224 W. OAKLAND PARK BLVD CITY-ST-ZIP **DAVIE, FL 33314** TITLE NAME SCHNEIDER, NANCY STREET ADDRESS 7224 W. OAKLAND PARK BLVD CITY-ST-ZIP FORT LAUDERDALE, FL 33313 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**