


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000095360
1. Entity Name
LITTLE JOE'S BEVERLY HILLS HAIR DESIGN, INC.



Principal Place of Business Mailing Address
2323-7 DEL PRADO BLVD #138 2323-7 DEL PRADO BLVD #138
CAPE CORAL, FL 33990-4611 CAPE CORAL, FL 33990-4611

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0959413 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MICALÉ, JOSEPH P
2323-7 DEL PRADO BLVD #138
CAPE CORAL, FL 33990-4611

**DO NOT WRITE
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Significator: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	PD MICALÉ, JOSEPH P 2323-7 DEL PRADO BLVD #138 CAPE CORAL, FL 339904611
TITLE NAME STREET ADDRESS CITY ST ZIP	V MICALÉ, GEORGINA 2323-7 DEL PRADO BLVD #138 CAPE CORAL, FL 339904611
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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: Georgina Micalé GEORGINA MICALÉ 2/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #