


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 19, 2004 8:00 am**  
**Secretary of State**

08-19-2004 90053 016 \*\*\*150.00

<b>DOCUMENT # P99000106538</b> 1. Entity Name INTERNATIONAL STYLING TOOLS, INC.					
Principal Place of Business 4668 N. HATUS RD. SUNRISE, FL 33351			Mailing Address 4668 N. HATUS RD. SUNRISE, FL 33351		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0967867	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  BRESLOW, RANAE 13701 CARLTON DR DAVIE, FL 33330				7. Name and Address of New Registered Agent Name <u>Frederick M. GILBERT</u> Street Address (P.O. Box Number is Not Acceptable) <u>4668 N. HATUS ROAD</u> City <u>Sunrise, FL - 33351</u> FL <u>33351</u>	
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 <u>[Signature]</u> <u>FM Gilbert</u> <u>6/30/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 8, 2004</b>			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	P GILBERT, MICHAEL 13701 CARLTON DR DAVIE, FL 33330	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, 1323 PORTOFINO Circle #401 WESTON, FL 33326 (33326)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRESLOW, RANAE 13701 CARLTON DR FORT LAUDERDALE, FL 33330	<input checked="" 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		<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		<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		<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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>6/30/04</u> <u>954-746-0110</u> <small>Date Daytime Phone #</small>		

54068985



06302004 Chg-P CR2E034 (10/03)

Attachment

54068985

#P99000106538

International Styling Tools, Inc.  
4668 N. Hiatus Road  
Sunrise, FL. 33351  
Tel: 954-746-0110  
Fax: 954-746-0740

16 August 2004

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

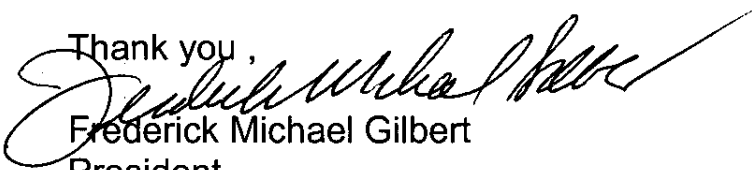
To Whom It May Concern:

I am enclosing our 2004 Annual Report along with a check for \$150.00. I spoke with the Division of Corporations via the telephone today and wish to make the following comments:

1. Our company has never received the form nor any postcards requesting the Annual report prior to this date.
2. We would therefore respectfully ask for the penalty to be waived since we were not notified properly.

We have been in business for 5 years and have never been late to file the Annual Report to the State of Florida previously.

Thank you ,

  
Frederick Michael Gilbert  
President  
954-746-0110