


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000111203
 1. Entity Name
KIM'S WIGS AND BEAUTY SUPPLY, INC.



Principal Place of Business Mailing Address
1703 W 45 STREET **1703 W 45 STREET**
WEST PALM BEACH, FL 33407 **WEST PALM BEACH, FL 33407**

DO NOT WRITE IN THIS SPACE



02232005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0975722	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WARD, MUN SUK
681 WHIPPERWILL TRAIL
WEST PALM BEACH, FL 33411

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	DPS WARD, MUN SUK 681 WHIPPOORWILL TRAIL WEST PALM BEACH, FL 33411
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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: *x Mun Suk Ward* *x 2/28/05* *x 561-863-1272*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #