2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004
Secretary of State

DOCUMENT# S12609

Entity Name: NEW CONCEPTS HAIR GOODS, INC.

Current Principal Place of Business:

1450 SOUTHWEST 3RD STREET
SUITES A8 & A9
POMPANO BEACH, FL 33069 US

New Principal Place of Business:

Current Mailing Address:

1450 SOUTHWEST 3RD STREET
SUITES A8 & A9
POMPANO BEACH, FL 33069 US

New Mailing Address:

FEI Number: 65-0236199 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STHAIR, OKYO
1450 SOUTHWEST 3RD STREET
SUITES A8 & A9
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	OKAMOTO, TAKAYOSHI	
Address:	1450 SW 3RD STREET,SUITE A8 & A9	
City-St-Zip:	POMPANO BEACH, FL 33069	
Title:	P	( ) Delete
Name:	STHAIR, OKYO	
Address:	1450 SOUTHWEST 3RD STREET, SUITES A8 & A9	
City-St-Zip:	POMPANO BEACH, FL 33069	
Title:	D	( ) Delete
Name:	MINO, MAMORU	
Address:	1450 SOUTHWEST 3RD STREET, SUITES A8 & A9	
City-St-Zip:	POMPANO BEACH, FL 33069	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OKYO STHAIR P 04/13/2004

Electronic Signature of Signing Officer or Director — Date