2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # S30787

1. Entity Name
PATRICK'S HAIR DRESSING SALON, INC.

Principal Place of Business	Mailing Address
180 CRANDON BLVD SUITE 112 KEY BISCAYNE, FL 33149-1502 US	4651 SW 97TH CT. MIAMI, FL 33165-5755 US

DO NOT WRITE IN THIS SPACE

01082005   No Chg-P   CR2E034 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HANSON, WILLIAM L
4651 SW 97TH CT
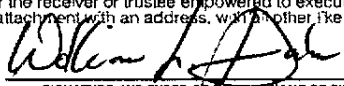MIAMI, FL 33165

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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 _____

Signature typed or printed name of registered agent and title if applicable.   (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	DVP	
NAME	MAYO, PATRICK	
STREET ADDRESS	4651 S.W. 97TH CT	
CITY ST ZIP	MIAMI, FL	
TITLE	DP	
NAME	HANSON, WILLIAM L	
STREET ADDRESS	4651 S.W. 97TH CT	
CITY ST ZIP	MIAMI, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		
NAME		
STREET ADDRESS		
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NAME		
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CITY ST ZIP		

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04/13/05-80027-019 150.00

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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: _William L Hanson_   WILLIAM L HANSON   4-11-05   305.554.1448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #