## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# S54809

Title:

Name:

Address:

City-St-Zip:

FILED Apr 08, 2004 Secretary of State

**Entity Name:** HAIR DESIGNER'S DESIGNER, INC. **Current Principal Place of Business: New Principal Place of Business:** 6671 SUNSET STRIP SUNRISE, FL 33313 US **Current Mailing Address: New Mailing Address:** 6671 SUNSET STRIP SUNRISE, FL 33313 US FEI Number: 65-0276806 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COOPER, DONNA FEARDN 2584 NORTH WEST 79TH AVE MARGATE, FL 33063 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition COOPER, DONNA, COOPER, DONNA, Name: Name: 6671 SUNSET STRIP 6671 SUNSET STRIP Address: Address: City-St-Zip: SUNRISE, FL City-St-Zip: SUNRISE, FL 33313 Title: VD Title: VD () Delete (X) Change ( ) Addition COOPER, GARY, Name: COOPER, GARY, Name: 6671 SUNSET STRIP 6671 SUNSET STRIP Address: Address: SUNRISE, FL SUNRISE, FL 33313 City-St-Zip: City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete REESE, FLOYD II REESE, FLOYD II Name: Name: 6671 SUNSET STRIP 6671 SUNSET STRIP Address: Address: City-St-Zip: SUNRISE, FL City-St-Zip: SUNRISE, FL 33313

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: COOPER, DONNA PTD 04/08/2004

() Delete

( ) Change (X) Addition

COOPER, DONNA

6671 SUNSET SRTIP

SUNRISE, FL 33313