


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # S61959 1. Entity Name HAIR'S US, INC.	
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Principal Place of Business 3150 SOUTH BABCOCK STREET SUITE D MELBOURNE, FL 32901	Mailing Address 3150 SOUTH BABCOCK STREET SUITE D MELBOURNE, FL 32901
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DO NOT WRITE IN THIS SPACE



02232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3107393	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 MECCARIELLO, JUDITH TESSA 506 HIGH POINT COURT MELBOURNE, FL 32901

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IN THIS SPACE**

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 <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000104905 04/07/04-80002-016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MECCARIELLO, JUDITH TESSA 3150 SOUTH BABCOCK ST. MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MECCARIELLO, PAUL 3150 SOUTH BABCOCK ST. MELBOURNE, FL 32901
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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: <i>Judith Tessa Meccariello</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<i>Judith Tessa Meccariello 4/5/04 3217221795</i> Date Daytime Phone #
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