

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S62438

FILED
Jul 06, 2004
Secretary of State

Entity Name: SHERWOOD PARK BEAUTY SALON, INC.

Current Principal Place of Business:

1035 S CONGRESS AVE
DELRAY BEACH, FL 334456039

New Principal Place of Business:

Current Mailing Address:

1035 S CONGRESS AVE
DELRAY BEACH, FL 334456039

New Mailing Address:

FEI Number: 65-0269516

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ORNELAS, ODILIA
1035 S CONGRESS AVE
DELRAY BEACH, FL 33444

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ORNELAS, ODILIA,
Address: 420 HOADLEY RD
City-St-Zip: BOYNTON BEACH, FL

Title: D () Delete
Name: CHARLEZ, LUPE,
Address: 2404 NE 3 ST
City-St-Zip: BOYNTON BEACH, FL

Title: D () Delete
Name: RODRIGUEZ, ELSA,
Address: 161 A WHITEFEATHER TR
City-St-Zip: BOYNTON BEACH, FL

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: ODILIA ORNELAS

D

07/06/2004

Electronic Signature of Signing Officer or Director

Date