

Amanda

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

04-05-2004 90080 024 *****70.00
G08258

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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MOORE CR2E034 (11/03)

DOCUMENT # G08258					
1. Entity Name HEADS BY RICK, INC.					
Principal Place of Business C/O MITCHELL A. SILVER CO 2648 WILSON STREET HOLLYWOOD FL 33020-1953			Mailing Address PO BOX 223592 HOLLYWOOD FL 33022-3592		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2322384	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAPP, RICHARD GRANT 14320 MUSTANG TRAIL FT LAUDERDALE FL 33330			7. Name and Address of New Registered Agent Name RAPP, RICHARD GRANT Street Address (P.O. Box Number is Not Acceptable) 2648 WILSON ST HOLLYWOOD City FL Zip Code 33020		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rechartering)</small>					

FILE NOW!!! FEE IS \$150.00
After May 1, 2004: Fee will be \$350.00
Make Check Payable to Florida Department of State

B. Election Campaign Financing Trust Fund Contribution. **\$5.00** Max Added to Fee

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD RAPP, RICHARD GRANT 14320 MUSTANG TRAIL FT. LAUDERDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change 6260 Queen Irene Ct. LAS VEGAS, NV 89149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAPP, HANNAH J. 14320 MUSTANG TRAIL FT. LAUDERDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change 6260 Queen Irene Ct. Las Vegas, NV 89149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D RAPP, RICHARD JEREMY 14320 MUSTANG TRAIL FT. LAUDERDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change 6260 Queen Irene Ct Las Vegas, NV 89149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard Rapp 3/25/04

4/12/04