2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006
Secretary of State

DOCUMENT# G18296

Entity Name: DURAN-RUBERO BEAUTY CENTER, INC.

Current Principal Place of Business:

1850 SW 8 STREET
4TH FLOOR
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

1850 SW 8 STREET
4TH FLOOR
MIAMI, FL 33135

New Mailing Address:

FEI Number: 59-2142512 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALFIE, MIGUEL N
11111 BISCAYNE BLVD
JOCKEY CLUB III 1257
NORTH MIAMI, FL 33181 US

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: ALFIE, MIGUEL N
Address: 1850 SW 8 ST., 4TH FLOOR
City-St-Zip: MIAMI, FL 33135

Title: VSD ( ) Delete
Name: ALFIE, REBECA
Address: 1850 SW 8 STREET, 4TH FLOOR
City-St-Zip: MIAMI, FL 33135

Title: VD ( ) Delete
Name: ALFIE, DARIO
Address: 1850 SW 8 ST., 4TH FLOOR
City-St-Zip: MIAMI, FL 33135

Title: VD ( ) Delete
Name: ALFIE, FLAVIO
Address: 1850 SW 8 ST., 4TH FLOOR
City-St-Zip: MIAMI, FL 33135

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:

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 Chapter 119, 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: MIGUEL N. ALFIE PTD 04/12/2006

Electronic Signature of Signing Officer or Director — Date