


**FILED**  
**Aug 18, 2003 8:00 am**  
**Secretary of State**

08-18-2003 90172 030 \*\*\*558.75

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # G97591**

1. Entity Name  
**ANGELO'S HAIR-PORT, INC.**



**10111171**

Principal Place of Business 15420 SW 85 TERR. MIAMI, FL 33193	Mailing Address 15420 SW 85 TERR. MIAMI, FL 33193
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2. Principal Place of Business <b>MIAMI INT'L AIRPORT</b> Suite, Apt. #, etc. <b>CONCOURSE E. 2nd Floor</b> City & State <b>MIAMI, FLORIDA</b>	3. Mailing Address <b>8411 NW 8 STREET</b> Suite, Apt. #, etc. <b># 107</b> City & State <b>MIAMI, FLA.</b>
Zip <b>33299</b> Country <b>DADE</b>	Zip <b>33126</b> Country <b>DADE</b>

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0021035** Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

**VALDIVIA, ANGEL F.**  
 15420 SW 85 TERR.  
 MIAMI, FL 33193

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number Is Not Acceptable)  
**8411 NW. 8 Street # 107**  
 City **MIAMI, FL** Zip Code **33126**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if not a date. (NOTE: Registered Agents must be qualified when submitting)

**FILE NOW!!! FEE IS \$160.00**  
 After May 1, 2003 Fee will be \$650.00  
 Amended UBR fee \$81.26  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS VALDIVIA, ANGEL F. 15420 SW 85 TERR MIAMI, FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D.S. ANGEL F. VALDIVIA 8411 NW. 8 Street # 107 MIAMI, FLA. 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Addition
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"/> Addition
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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"/> Addition

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: Angel F. Valdivia PDS ANGEL F. VALDIVIA 08-15-03 262-8908  
SIGNATURE TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

CR2034 (10/02)