2005 FOR PROFIT CORPORATION ANNUAL REPORT • •

APPROVEL 4/29/2005-90292-025-\$158.75 FILED

DOCUMENT # P04000159956 05 JUN 10 PM 3: 00 1. Entity Name HASHEM BEAUTY SALON, INC. SECRETARY OF STATE TALLAHASSEE. FLORIDA Mailing Address Principal Place of Business 175 SE 3RD AVENUE 175 SE 3RD AVENUE 14011426 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apl. #, etc. 04282005 Chg-P CR2E034 (10/03) City & State El Number Applied For City & State -3734241 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ADRIS HASHEM JUMA ADRIS, RUBBI Street Address (P.O. Box Number is Not Acceptable) 175 SE 3RD AVENUE MIAMI, FL 33131 City Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ADRIS HASHEM JUMA 175 SE 34d Ave PD Delate MUE IIILE NAME ADRIS, RUBBI NAME 175 SE 3RD AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP MIAMI FI 33/3/ ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZW CITY-ST-ZIP TITLE ☐ Change Addition Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition MILE Octete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP COY-ST-7IP 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 ceth; 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. Hasham **SIGNATURE:**