2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P37411

FILED Jan 08, 2003 Secretary of State

Entity Name: REALISTIC/ROUX PROFESSIONAL PRODUCTS INC.

Current Principal Place of Business:			New Principal Place of Business:			
	RMYER DR. WILLE, FL 32205	US				
Current Mailing Address:		New Mailing Address:				
P.O. BOX JACKSON	37557 WILLE, FL 32236	US				
FEI Number	:: 59-3097280 FE	El Number Applied For()	FEI Number Not App	icable ()	Certificate of Status Desired	()
Name and	d Address of Curre	ent Registered Agent:	Name and	Address of Nev	w Registered Agent:	
1201 HAY SUITE 105 TALLAHA The above	S STREET 5 SSEE, FL 32301 L e named entity subm	PORATION SYSTEM, INC US nits this statement for the p		ts registered offic	ce or registered agent, o	both,
in the Stat	e of Florida.					
SIGNATU	RE:					
	Flectronic Si	ignature of Registered Ag	ont .		 Date	
	Electronic Si	ignature of Registered Ag	ent		Date	
		st Fund Contribution ().		S/CHANGES TO	Date O OFFICERS AND DIRE	CTOR
OFFICER Title: Name: Address:	mpaign Financing Tru	st Fund Contribution (). S: ete S IUE				ECTOR:
	mpaign Financing Trus S AND DIRECTOR PD (X) Dele COLOMER, CARLOS 625 MADISON AVEN	st Fund Contribution (). S: te S IUE D22 te	ADDITION Title: Name: Address:	()C	O OFFICERS AND DIRE	ECTOR:
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	mpaign Financing True S AND DIRECTOR PD (X) Dele COLOMER, CARLOS 625 MADISON AVEN NEW YORK, NY 100 VPD (X) Dele MCLAIN, HARDY 625 MADISON AVEN	est Fund Contribution (). SS: Step STEP	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	()C	O OFFICERS AND DIRE hange () Addition hange () Addition hange () Addition EL JE - 10TH FLOOR	ECTOR

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: VINCENT BOVA VPF 01/08/2003