

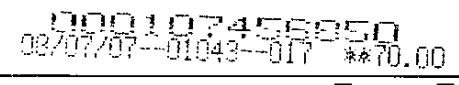


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 566742 1. Entity Name BEAUTY SHACK, INC.						07 AUG 07 PM 3:28 TALLAHASSEE, FLORIDA	
Principal Place of Business 9810 S.W. 77 AVENUE MIAMI, FL 33156				Mailing Address 901 PONCE DE LEON BLVD SUITE 606 CORAL GABLES, FL 33134			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 5943 SW 59 Street					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State Miami, Florida					
Zip		Country		4. FEI Number 59-1739288		Applied For Not Applicable	
Zip 33143		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CASTRO, JOSE E 218 ALMERIA AVENUE CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Frank Farinas Street Address (P.O. Box Number is Not Acceptable) 5943 SW 59 Street City Miami FL Zip Code 33143			
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 <u>Frank Farinas</u> (NOTE: Registered Agent signature required when reinstating) 7/31/07 DATE							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P RODRIGUEZ, ISABEL <input checked="" type="checkbox"/> Delete 13705 SW 14TH STREET MIAMI, FL 33184			TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Frank Farinas 5943 SW 59 St., Miami, FL 33143		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RODRIGUEZ, JOSE <input checked="" type="checkbox"/> Delete 13705 S.W. 14 STREET MIAMI, FL 33184			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Fidelma Farinas 5943 SW 59 St., Miami, FL 33143		
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 <div style="text-align: center;">  </div>		
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		
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 exemptions contained 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 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: <u>Frank Farinas</u>				7/31/07 Date			