FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 1. Corporation Name J34667 (2)34TH STREET HAIR EXCHANGE, INC.

FILED Mar 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					1 INDITIO ALDE ALLE BINIO BILLO BILLO BELLO CON CONTROL BINIO ALDEI ALDEI ALDEI ALDEI ALDEI ALDEI ALDEI ALDEI	ı 1 031
5075 34TH ST. 8 BAY PT PLAZA. STE 9 ST PETERSBURG FL 33711		5075 34TH ST. S BAY PT PLAZA, STE 9 ST PETERSBURG FL 33711			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
					09/24/1986	
2. Principal Place of Business 2a. Mailing Address			· · · · · · · · · · · · · · · · · · ·		4. FEI Number Applied	d For
21		26				plicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5 Certificate of Status Desired S8.75 Addit	
City & Ctra		27 City & State			Fee Requir	
City & Stat	e	City & State			6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fe	
Zip	Country	Zip	Count	ry	8, This corporation owes or has paid the current year Intangl	
24	25	29 3	30		Personal Property Tax due June 30. 🔀 Yes 🔲 No	
g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
	itto, annette		8	1 Name		
5001 LANSING ST			8	2 Street A	Address (P.O. Box Number is Not Acceptable)	
ST	PETERSBURG FL 33703		8	3		
1			8	4 City	FL 85 Zip Code	9
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the a				ve-named c	corporation submits this statement for the purpose of changing its rec	gistered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE						
	Signature, typed or printed name of registered a			gent signature re	required when reinstating) DATE	1
12.	PS OFFICERS A	ND DIRECTORS DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	Addition
NAME	BRITTO, ANNETTE		1.2 NAM		Change	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STREET ADDRESS	5001 LANSING ST			ET ADDRESS		
CITY-ST-ZIP	AT ATTERANISA EL		1.4 CITY			
TITLE	V	DELETE 2.1 To			☐ Change ☐	Addition
NAME			2.2 NAM			
STREET ADDRESS			2.3 STRE	ET ADDRESS		
CITY-ST-ZIP	AT DETERMINE DE LOUI EL		2. 4 CITY - ST - ZIP			
TITLE			3.1 TITLE		Change	Addition
NAME	BRITO, ANNETTE 32N		3.2 NAM	.		
STREET ADDRESS			3.3 STRE	et address		ŀ
CITY-ST-ZIP	ST PETERSBURG FL		3.4. CITY	- ST - ZIP		
TITLE	· ·		4.1 TITLE		☐ Change ☐	Addition
NAME	RODRIGUEZ, ANTHONY A.		4. 2 NAM	E		
STREET ADDRESS	919 59TH AVE.		4.3 STRE	T ADDRESS		
CITY-ST-ZIP			4.4 CiTY			
TITLE			5.1 TITLE		☐ Change ☐	Addition
NAME			5.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-SI-ZIP		DELETE	5.4 CITY-	ST-ZIP	L Change	Addition
TITLE		רו הנדנונ	6.1 TITLE	.	Li Unange Li	Addition
NAME STREET LODDSOO			6.2 NAME	1		
STREET ADDRESS				ET ADDRESS		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.