

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013976

FILED
May 04, 2004
Secretary of State

Entity Name: HELLO GORGEOUS SALON, LLC

Current Principal Place of Business:

2853 S. UNIVERSITY DRIVE
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

ONE S. PINE ISLAND ROAD
APT. #103
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 65-1134193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONTES DE OCA, ALEJANDRO J
ONE S. PINE ISLAND ROAD
APT. #103
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

BURGOS, CARLOS
ONE S. PINE ISLAND ROAD
APT. #103
PLANTATION, FL 33324 US

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.

SIGNATURE: CARLOS BURGOS

05/04/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: VP () Delete
Name: BURGOS, CARLOS
Address: 2853 S. UNIVERSITY DRIVE
City-St-Zip: DAVIE, FL 33328

Title: P () Delete
Name: MONTES DE OCA, ALEX
Address: 2853 S. UNIVERSITY DRIVE
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BURGOS, CARLOS
Address: 2853 S. UNIVERSITY DRIVE
City-St-Zip: DAVIE, FL 33328

Title: MGR (X) Change () Addition
Name: BURGOS, LEX
Address: 2853 S. UNIVERSITY DRIVE
City-St-Zip: DAVIE, FL 33328

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CARLOS BURGOS

MGR

05/04/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date