AMENDED

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-22-2004 90352 040 ****50.00

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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DOCUMENT # L02000022494

1. Entity Name
MICHAEL ANTHONY'S HAIR & NAIL SALON, LLC

Principal Place of Business	Mailing Address
5859 WEST ATLANTIC AVE. SUITE B5 DELRAY BEACH, FL 33484	5859 WEST ATLANTIC AVE. SUITE B5 DELRAY BEACH, FL 33484

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02102004 Chg-LLC CR2E083 (10/03)

4. FEI Number 48-1285302 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HALPER, DEAN R ESQ. 7431 W. ATLANTIC AVE. SUITE 49 DELRAY BEACH, FL 33446-3506	Name PAULINE SEGRETI Street Address (P.O. Box Number is Not Acceptable) 13599 BARTON LAKE City DELRAY BEACH FL Zip Code 33484

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 [signature] 4-20-04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEGRETI, PAULINE 13599 BARTON LAKE DELRAY BEACH, FL 33484	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. 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 is true and accurate and that my 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: [signature] 4-20-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #