


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

03-15-2004 90436 012 ****50.00

DOCUMENT # L03000016537	
1. Entity Name J & R BEAUTY SALON LLC	

Principal Place of Business 13150 WEST DIXIE HWY N MIAMI FL 33161	Mailing Address 13150 WEST DIXIE HWY N MIAMI FL 33161
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2. Principal Place of Business <i>13150 West Dixie Hwy</i>	3. Mailing Address <i>13150 West Dixie Hwy</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>N. Miami, FL</i>	City & State <i>N. Miami, FL</i>
Zip <i>33161</i>	Country <i>U.S.A.</i>

4. FEI Number <i>20-0022586</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	
PIERRE, JACOB 13150 WEST DIXIE HWY N MIAMI FL 33161	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 <i>[Signature]</i>	DATE <i>03-30-04</i>

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <i>Manager</i>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <i>Pierre Jacob</i>		NAME	
STREET ADDRESS <i>13150 West Dixie Hwy</i>		STREET ADDRESS	
CITY - ST - ZIP <i>N. Miami FL 33161</i>		CITY - ST - ZIP	
TITLE <i>Manager</i>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <i>Marie Jacob</i>		NAME	
STREET ADDRESS <i>13150 West Dixie Hwy</i>		STREET ADDRESS	
CITY - ST - ZIP <i>N. Miami, FL 33150</i>		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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: <i>[Signature]</i>	DATE <i>03-30-04</i>

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #