## 2004 LIMITED LIAB.\_ITY COMPANY **ANNUAL REPORT**

SIGNATURE:

## Jul 22, 2004 8:00 am Secretary of State **DOCUMENT # L03000053979** 07-22-2004 90097 003 \*\*\*\*50.00 MAG BEAUTY LLC Principal Place of Business Mailing Address 701 BRICKELL AVE, STE 3000 701 BRICKELL AVE, STE 3000 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address 8274 NW 14th Street Suite, Apt. #, etc. Suite, Apt. #, etc. 02242004 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For FL 20-0670065 Miami, Not Applicable Country Zio Country \$5.00 Additional 33126 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name INTRASTATE REGISTERED AGENT CORP Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVE, STE 3000 MIAMI, FL 33131 City Zip Code 8. The above named antity 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 Signenure, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ٧. 10. ADDITIONS/CHANGES CFOSM TITLE Delete TILE ☐ Change → Chaddition Tom Jacobs MALIE NAME 8274 NW 14 STREET ADDRESS STREET ADDRESS Street CITY-ST-ZIP CITY-ST-ZIP Miami, FL GM TITLE ☐ Deleta nne ☐ Change X XAddition NAME NAME Sergio Band STREET ADDRESS STREET ADORESS 8274 NW 14 Street CITY-ST-ZIP CITY-ST-7P Miami, FL 33126 Xadition ☐ Dølete Change NAME NAME Carlos Iniesta 8274 NW 14 Street STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE RILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7P CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 808, Florida Statutes.

ED NAME OF SIGNING MANAGING MEMBER, WANAGER, OR AUTHORIZED REPRESENTATIVE

FILED