

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000047704

FILED
May 02, 2005
Secretary of State

Entity Name: AMERICAN INSTITUTE OF COSMETOLOGY LLC

Current Principal Place of Business:

2001 NW 139 TERRACE
PEMBROKE PINES, FL 33028

New Principal Place of Business:

416 E ATLANTIC BLVD
POMPANO BEACH, FL 33060

Current Mailing Address:

2001 NW 139 TERRACE
PEMBROKE PINES, FL 33028

New Mailing Address:

416 E ATLANTIC BLVD
POMPANO BEACH, FL 33060

FEI Number: 20-1290990 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

STENMARK, STEVE
2001 NW 139 TERRACE
PEMBROKE PINES, FL 33028 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: STENMARK, STEVEN W
Address: 2001 NW 139 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGR () Delete
Name: GIBSON, ANN
Address: 2001 NW 139 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGR () Delete
Name: DEZUTTER, WENDY
Address: 2001 NW 139 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WENDY DEZUTTER

MS

05/02/2005

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