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Secretary of State
05-03-2005 90026 048 ****50.00

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2005 LIMITED LIABILITY COMPANY -ANNUAL REPORT

DOCUMENT # L04000094093

1. Entity Name
PURE ELEGANCE HAIR STUDIO, LLC

30008465

Principal Place of Business	Mailing Address
2814 WESTON ROAD WESTON, FL 33331	2814 WESTON ROAD WESTON, FL 33331

04262005 Chg-LLC CR2E083 (10/03)

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

4. FEI Number 202074235 ☐ 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
BLODIG, GREGORY J 100 W CYPRESS CREEK ROAD, SUITE 700 FORT LAUDERDALE, FL 33309	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SILECCHIA, JOSEPH 11076 LONGBOAT DRIVE COOPER CITY, FL 33026	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PIETROFORTE, JOSEPHINE 16993 S.W. 38TH STREET MIRAMAR, FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GATTO, KEALLY 2100 N.W. 103RD AVENUE PEMBROKE PINES, FL 33026	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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

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: Josephine Pietroforte 4-30-05
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

APR-29-2005 FRI 11:32AM ID: Ref #. L04000094093

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