2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000122682

Address:

City-St-Zip:

8 A NORMANDY

DELRAY BEACH, FL 33484

Entity Name: RSVP MAGIC SALON & HAIR DESIGN LLC

FILED Aug 17, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7000 W ATLANTIC AVE. DELRAY BEACH, FL 33446 **Current Mailing Address: New Mailing Address:** 7000 W ATLANTIC AVE DELRAY BEACH, FL 33446 FEI Number: 20-8268972 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: SALES, MARIE A 7000 W ATLANTIC AVE. DELRAY BEACH, FL 33446 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/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition MGR () Delete SALES, MARIE Name: Name: Address: 6601 NW 23RD WAY Address: City-St-Zip: BOCA RATON, FL 33496 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: COOPER, ANGELEY Name: SALES, MARIE M MGR Address: 312 BOTTONWOOD LANE Address: 6601 NW 23RD WAY City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip: BOCA RATON, FL 33496 Title: MGRM () Delete Title: () Change () Addition RICHIEZ, CHRISTIE Name: Name: Address: 6601 NW 23 WAY Address: City-St-Zip: BOCA RATON, FL 33496 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change () Addition VICTORIN, MARIE S Name: VICTORIN, MARIE S Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Address:

City-St-Zip:

2900 NW 42ND AVE, APT. 101A

COCONUT CREEK, FL 33066

SIGNATURE: MARIE A. SALES MRS 08/17/2007