

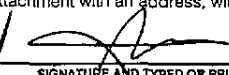


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P0000032891</b>		
1. Entity Name <b>RACHAEL BEAUTY SUPPLY, INC.</b>		
Principal Place of Business <b>1333 S STATE ROAD 7 NORTH LAUDERDALE, FL 33068</b>		Mailing Address <b>7971 NW 89TH LANE TAMARAC, FL 33321</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		 04232005 No Chg-P CR2E034 (10/03)
4. FEI Number <b>65-1012339</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
<b>HARRIS, RICHARD W 7971 NW 89TH LANE TAMARAC, FL 33321</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>U00000353159 05/03/05-80057-004 150.00</b>  <b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALBUNNI, MOHAMED A 15 CORTEZ WAY FORT LAUDERDALE, FL 33324	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARRIS, RICHARD W 7971 NW 89TH LANE FORT LAUDERDALE, FL 33321	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>5/26/05</b> Daytime Phone # _____