


FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90392 013 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000035761 1. Entity Name MONA'S HAIR & BEAUTY WHOLESALE, INC.	
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Principal Place of Business 2114 NORTH FLAMINGO RD. #206 PEMBROKE PINES, FL 33028	Mailing Address 2114 NORTH FLAMINGO RD. #206 PEMBROKE PINES, FL 33028
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DO NOT WRITE IN THIS SPACE

14012688



03242005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1007457	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HAMMAD, MONA H 11270 RENAISSANCE ROAD COOPER CITY, FL 33026

**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HAMMAD, MONA 11270 RENAISSANCE ROAD COOPER CITY, FL 33026
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO HAMMAD, HASAN 11270 RENAISSANCE ROAD COOPER CITY, FL 33026
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 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 another like empowered.

SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	 <small>Daytime Phone #</small>
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