2004 FOR PROFIT CORPORATION

	- ANNUAL H	EPUKI (AK)	<u> </u>			FILE	v	
DOCUMENT # P0000059099 1. Entity Name						Jan 29, 2004 Secretary		
SOPHIA I	BEAUTY SUPPLY CO., INC.					Secretary		
Principal Plac	e of Business	Mailing Address	I					
1715 E HINSON AVE		1715 E HINSON AVE						
HAINES CIT	Y FL 33844	HAINES CITY FL 33844	4			PERFORMANCE AND MARKET WALLE ARE A REAL PROPERTY.		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt #, etc.		MOORE _CR2E034 (11/03)				
City & State		City & State		4. F	65-1079014		plied For It Applicable	
Zip	Country	Zip	Country	<u></u>	l	Certificate of Status Desired	\$8.75 Add Fee Required	
Name and Address of Current Registered Agent				1	7. N	ame and Address of New Registered	i Agent	 .
AL ZAUADNAU GAMAL V			1	Name				
171	ZAHARNAH, GAMAL Y 5 E HINSON AVE NES CITY FL 33844		S	Street Address (P.O. Box Number is Not Acceptable)				
			2	City		F	Zip Code	,
8. The above the obligat	named entity submits this statement for ions of registered agent.	or the purpose of changing its re	registered o	office or registere	ed age	ent, or both, in the State of Florida. I ar	n familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NOTE.	Registered Age	eni signature required	when re-	nstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State						 Election Campaign Financing Trust Fund Contribution. 		O May Be to Fees
10.	OFFICERS AND	DIRECTORS	11.		l ADI	DITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	5 IN 11
TITLE	D	☐ Delete	TITLE				☐ Change	Addition
NAME	AL-ZAHARNAH, GAMAL Y		NAME			100000022499		
STREET ADDRESS	1715 E HINSON AVE		STREET ADDRESS		U00000022499 01/30/04-80047-008 150.00			
CITY -ST - ZIP	HAINES CITY FL 33844		CITY-ST-ZIP					
TITLE	-		TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRES		nneses				
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME		Bace		İ				Addition
STREET ADDRESS			STREET AC	ODRESS				
CITY-ST-ZIP			CITY-ST-	ZIP				
TITLE			TITLE				☐ Change	Addition
NAME			NAME	İ				
STREET ADDRESS CITY-ST-ZIP			STREET AE	l l				
THE		☐ Delete	TITLE				☐ Change	Āddition
NAME STREET ADDRESS			NAME	apares				
CITY+ST-ZIP			STREET AD CITY-ST-2					
TITLE		☐ Delete	TITLE	-			☐ Change	Addition
NAME STREET ADDRESS			NAME STREET AT	nnorce				
CITY-ST-ZIP			STREET AD CITY-ST-1	i				
<u> </u>	ertify that the information supplied with	this filing does not qualify for t			ction 1	19.07(3)(i), Florida Statutes, I further or	ertify that the in	formation

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 Statules; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Profile A

SIGNATURE: _