## 2005 FOR PROFIT CORPORATION

## **FILED** ANNUAL REPORT Apr 30, 2005 08:00 AM **DOCUMENT # P00000061905 Secretary of State** 1. Entity Name VOGUE HAUTE COIFFURE, CORP. Mailing Address Principal Place of Business 9801 COLLINS AVE 9801 COLLINS AVE SUITE L SUITE L BAL HARBOUR, FL 33154 BAL HARBOUR, FL 33154 %F,,,,,,2-5,1F& CR2E034 (10/03) 04272005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1019148 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ARGOTE MUNOZ, MARIANO DO NOT WRITE 19390 COLLINS AVE #519A IN THIS SPACE SUNNY ISLAND, FL 33160 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 Signature, typed or printed name of registered egent and title 1 applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE ARGOTE MUNOZ, MARIANO NAME STREET ADDRESS 10340 NW 26TH ST, STE 6301 000000347672 04/30/05-80125-013 150.00 MIAMI, FL 33172 CiTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS 80 NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

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 of the corporation or the received s, with all other like empowered

SIGNATURE: \_

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #