FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91798 011 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

8U111340

DOCUMENT # P00000090147

1. Entity Name
KIDS MAGIC CUTS, INC.

Principal Place of Business	Mailing Address
~~1121 BLUEWOOD TERR~~ ~~WESTON, FL 33327~~	~~1121 BLUEWOOD TERR~~ ~~WESTON, FL 33327~~

2. Principal Place of Business	3. Mailing Address
15912 W. STATE RD 84	15912 W. ST. RD 84
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SUNRISE, FL	City & State: SUNRISE FL
Zip: 33326 Country: USA	Zip: 33326 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1042039 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~JAROSCAK, JAMES A~~ ~~7795 W FLAGLER ST, #95~~ ~~MIAMI, FL 33144~~	Name: LUIS A JIMENEZ Street Address (P.O. Box Number is Not Acceptable): 872 STANTON DR. City: WESTON FL Zip Code: 33326

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: _____ 04/30/03.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution, ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GUIA PARRA, CARLOS RAFAEL 1121 BLUEWOOD TERR WESTON, FL 33327	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LUIS A. JIMENEZ 872 STANTON DR WESTON, FL 33026	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD JAROSCAK, JAMES A 1462 SABLA TRAIL WESTON, FL 33327	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEYANIRA N. BRIGNO 872 STANTON DR. WESTON, FL 33026	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVID J. LOPEZ. 140 LAKEVIEW DR. #104 WESTON, FL. 33327.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 all other like empowered.

SIGNATURE: _____ 04/30/03. (954)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number 3852329.