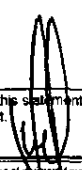


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91798 011 ***150.00

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2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000090147		
1. Entity Name KIDS MAGIC CUTS, INC.		
Principal Place of Business 1121 BLUEWOOD TERR WESTON, FL 33327		Mailing Address 1121 BLUEWOOD TERR WESTON, FL 33327
2. Principal Place of Business 15912 W. STATE RD 84		A. Mailing Address 15912 W. ST. RD 84
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State SUNRISE, FL		City & State SUNRISE, FL
Zip 33326		Country USA
3. Name and Address of Current Registered Agent JAROSCAK, JAMES A 1795 W FLAGLER ST, #96 MIAMI, FL 33142		7. Name and Address of New Registered Agent LUIS A. JIMENEZ 872 STANTON DR. WESTON, FL 33326
B. 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.		DATE 04/30/03.
SIGNATURE 		DATE 04/30/03.
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 PD NAME GUIA PARRA, CARLOS RAFAEL STREET ADDRESS 1121 BLUEWOOD TERR CITY-ST-ZIP WESTON, FL 33327		TITLE PD NAME LUIS A. JIMENEZ STREET ADDRESS 872 STANTON DR CITY-ST-ZIP WESTON, FL 33326
TITLE VPD NAME JAROSCAK, JAMES A STREET ADDRESS 1452 SABLA TRAIL CITY-ST-ZIP WESTON, FL 33327		TITLE D NAME DEYANIRA N. BRIGGS STREET ADDRESS 872 STANTON DR. CITY-ST-ZIP WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE D NAME DAVID J. LOPEZ STREET ADDRESS 140 LAKEVIEW DR. #104 CITY-ST-ZIP WESTON, FL 33327
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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)(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.		DATE 04/30/03. (951) Daytime Phone 3852329.
SIGNATURE: 