

FILED
Mar 03, 2002 8:00 am
Secretary of State

0160707 AV/

DOCUMENT # P00000096615						
1. Entity Name THE HAIR DESIGN GROUP, INC.						
Principal Place of Business 17761 SOUTHWEST 12TH STREET PEMBROKE PINES FL 33029			Mailing Address 17761 SOUTHWEST 12TH STREET PEMBROKE PINES FL 33029			
2. Principal Place of Business 10201 pines Blvd. Pembroke Pines			3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
City & State Pembroke Pines Florida			City & State			
Zip 33026		Country Broward		Zip		
				Country		
6. Name and Address of Current Registered Agent						
DISLA, KHAIR K 17761 SOUTHWEST 12TH STREET PEMBROKE PINES FL 33029					<input checked="" type="checkbox"/> Name	
					Street Address	
					City	
8. The above named entity submits this statement for the purpose of changing its registered office or register agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>						
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <small>(See criteria on back)</small> <input checked="" type="checkbox"/>				FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State		
11. OFFICERS AND DIRECTORS						
TITLE	PST DISLA, KHAIR K <input type="checkbox"/> Delete				TITLE	
NAME					NAME	
STREET ADDRESS					STREET ADDRESS	
CITY - ST - ZIP					CITY - ST - ZIP	
TITLE					TITLE	
NAME					NAME	
STREET ADDRESS					STREET ADDRESS	
CITY - ST - ZIP					CITY - ST - ZIP	
TITLE					TITLE	
NAME					NAME	
STREET ADDRESS					STREET ADDRESS	
CITY - ST - ZIP					CITY - ST - ZIP	
TITLE					TITLE	
NAME					NAME	
STREET ADDRESS					STREET ADDRESS	
CITY - ST - ZIP					CITY - ST - ZIP	
TITLE					TITLE	
NAME					NAME	
STREET ADDRESS					STREET ADDRESS	
CITY - ST - ZIP					CITY - ST - ZIP	
TITLE					TITLE	
NAME					NAME	
STREET ADDRESS					STREET ADDRESS	
CITY - ST - ZIP					CITY - ST - ZIP	
TITLE					TITLE	
NAME					NAME	
STREET ADDRESS					STREET ADDRESS	
CITY - ST - ZIP					CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1047929	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required ***	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DISLA, KHAIR K 17761 SOUTHWEST 12TH STREET PEMBROKE PINES FL 33029	Name		
	Street Address (P.O. Box Number is Not Acceptable)		
	City	FL	Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/></p>	<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
--	--	---

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST DISLA, KHAIR K 17761 SOUTHWEST 12TH STREET PEMBROKE PINES FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: KHARRK DISLA PST 1/4/02 (954) 931-9614

CR2E034 (9/01)