2004 FOR PROFIT CORPORATION

May 04, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P00000107716 05-04-2004 90128 042 ***158.75 1. Entity Name EDITA'S BEAUTY SALON & SPA, INC. Principal Place of Business Mailing Address 11980 S.W. 8TH STREET, #8 11980 S.W. 8TH STREET, #8 MIAMI, FL 33193 MIAMI, FL 33193 No Cha-P CR2E034 (10/03) 04222004 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1060002 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SANCHEZ EDITA 11980 SW 8TH STREET, #8 IN THIS SPACE MIAMI, FL 33193 8. The above riamed only submits this eletement 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 4-26-04 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE PSD SANCHEZ, EDITA NAME STREET ADDRESS 11980 SW 8TH STREET, #8 CITY-ST-ZIP MIAMI, FL 33193 STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO 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 expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED