2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Sep 03, 2003 8:00 am Secretary of State DOCUMENT # P 0 / 0000 / 0556 09-03-2003 90022 013 ***150.00 Wig Villa & Hair Supply, Inc Principal Place of Business St. petersburg FL 33704 St petersburg FL 3370x 1009 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 1009 24th Ave. City & State 4. FEI Number Applied For St. Petersburg 9-364544 Not Applicable ZipCountry \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Kim, Joe 575 Central Avenue Street Address (P.O. Box Number is Not Acceptable) St. Petersburg FL 3370/ 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Defete ☐ Addition Kim, Joe 515 Central Avenue NAME NAME STREET ADDRESS STREET ADDRESS St. Petersburg FL 33701 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Kim, Michelle c. ☐ Addition NAME NAME 1009 24th Avenue N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-7/P CITY-ST-ZIP DILLE Delete ☐ Change ☐ Addition NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

E034 (4/03)

AHachment 90153864

WIG VILLA& HAIR SUPPLY, INC.

1009 24th Avenue North, St. Petersburg, FL 33704 Telephone: (727)823-3100

August 26, 2003

Annual Reports Filings Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Annual Report

P 01000010556 year 2003

Dear Sir or Madam:

As of today, we did not received the annual report renewal form. Maybe the address was not properly corrected.

Thus, I am writing this letter along with the enclosed form of annual report which I used a blank form and a check of \$ 150.00.

The correct mailing address is as follows:

1009 24th Avenue North, St. Petersburg, FL 33704

Inasmuch as we never received the form and any notice at all and we did not try to violate any rules, please accept our renewal form.

We thank you very much for your cooperation in this matter.

Sincerely,

Michelle Kim Enclosure