FILED
Mar 21, 2003 8:00 am
Secretary of State
03-21-2003 90109 044 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000039213

1. Entity Name
CHRISTIAN BEAUTY STUDIO, INC.

10043507

Principal Place of Business	Mailing Address
4688 NW 114TH AV. #105 MIAMI, FL 33178	4688 NW 114TH AV. #105 MIAMI, FL 33178

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2508 Centergate Dr	2508 Centergate Dr
Suite, Apt. #, etc.: 104	Suite, Apt. #, etc.: 104
City & State: Miramar, FL	City & State: Miramar, FL
Zip: 33025 Country:	Zip: 33025 Country:

4. FEI Number: 65-1093925 ☐ 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
TORRES, JOSE 4688 NW 114TH AV. #105 MIAMI, FL 33178	Name: Jose Torres Street Address (P.O. Box Number is Not Acceptable): 2508 Centergate Drive #104 City: Miramar FL Zip Code: 33025

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: Jose Torres 03/17/03
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	PVST TORRES, JOSE 2051 RENAISSANCE BLVD. #204 MIRAMAR, FL 33025	☐ Delete	PVST D Torres, Jose 2508 Centergate Dr #104 Miramar, FL 33025	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TORRES, JOSE 2051 RENAISSANCE BLVD. #204 MIRAMAR, FL 33025	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: Jose Torres 03/17/03 7866836124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #