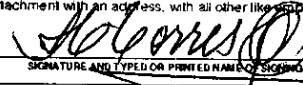


FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90109 044 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000039213			
1. Entity Name CHRISTIAN BEAUTY STUDIO, INC.			
Principal Place of Business 4688 NW 114TH AV. #105 MIAMI, FL 33178		Mailing Address 4688 NW 114TH AV. #105 MIAMI, FL 33178	
2. Principal Place of Business 2508 Centergate DR Suite, Apt., etc. 104 City & State Miramar, FL Zip 33025		3. Mailing Address 2508 Centergate DR Suite, Apt., etc. 104 City & State Miramar, FL Zip 33025	
4. FEI Number 65-1093925		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		☐ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent TORRES, JOSE 4688 NW 114TH AV. #105 MIAMI, FL 33178		7. Name and Address of New Registered Agent 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:  DATE: 03/17/03 Signature: type or printed name of registered agent and title (NOTE: Registered Agent signature required when appointing)			
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 - ☐ \$5.00 May Be Added to Fees Trust Fund Contribution: ☐	
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		TITLE NAME STREET ADDRESS CITY-ST-ZIP PVST 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		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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 information.			
SIGNATURE:  DATE: 03/17/03		786 683 6124	

CR2034 (10/02)