## FILED Mar 10, 2003 8:00 am Secretary of State 03-10-2003 90158 021 \*\*\*158.75

| DCUMENT # P0100048257  Inity Name IHEAD'S OXYGEN BARS, INC.  Inal Place of Business 10 NW 52ND STREET 11210 NW 52ND STREET 11210 NW 52ND STREET 11210 NW 52ND STREET 10 STREET 11210 NW 52ND STREET 1210 N | 3076<br>BAF                   | berry e                    | E CHECK HERE IF MAKING O                                | 7002603                        |
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| Inclipal Place of Business 10 NW 52ND STREET 11 L SPRINGS, FL 33076  Inclipal Place of Business 10 NW 52ND STREET 112 ID NW 52ND STREET CORAL SPRINGS, FL 3.  Inclipal Place of Business 3950 3 Arbercy C+ Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State Country Coun | 3076<br>BAF                   | berry e                    |                                                         |                                |
| 10 NW 52ND STREET L SPRINGS, FL 33076  11210 NW 52ND STREET CORAL SPRINGS, FL 3.  11210 NW 52ND STREET CORAL SPRINGS, FL 3.  11210 NW 52ND STREET CORAL SPRINGS, FL 3.  3. Mailing Address 13950 Suite, Apt. e, etc.  Suite, Apt. e, etc.  1210 NW 52ND STREET CORAL SPRINGS, FL 3.  1210 NW 52ND STREET CORAL SPRINGS, FL 3.  3. Mailing Address CITY & STREET CORAL SPRINGS, FL 3.  1210 NW 52ND STREET CORAL SPRINGS, FL 3.  3. Mailing Address CITY & STREET CORAL SPRINGS, FL 3.  3. Mailing Address CITY & STREET CORAL SPRINGS, FL 3.  2. Mailing Address CITY & STREET CORAL SPRINGS, FL 3.  3. Mailing Address CITY & STREET CORAL SPRINGS, FL 3.  3. Mailing Address CITY & STREET CORAL SPRINGS, FL 3.  3. Mailing Address CITY & STREET CORAL SPRINGS, FL 3.  3. Mailing Address CITY & STREET CORAL SPRINGS, FL 3.  3. Mailing Address CITY & STREET CORAL SPRINGS, FL 3.  3. Mailing Address CITY & STREET CORAL SPRINGS, FL 3.  CITY & STREET CORAL | 3076<br>BAF                   | berry e<br>FL              |                                                         | CHANGES                        |
| L SPRINGS, FL 33076  CORAL SPRINGS, FL 3  Incipal Place of Business  3950  3Arberry Ct  January  January  Coly & State  City & State  Cory & S | 3076<br>BAF                   | berry ex                   |                                                         | CHANGES                        |
| incipal Pace of Business  3950  3 Arberry Ct 3950  Suite, Apt. 4, etc.  Na State  12   1 ng   0 n FL   Cly & State   Ng    Country   2 ng   2 ng   2 ng   3 y   y    6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | BAFI                          | berry e                    |                                                         | CHANGES                        |
| 3950 BArberry Ct 13950  Suite, Apt. e, etc.  No. State  I No. 100, FL Welling  Country  Country  Country  Country  Country  Capacity  Country  Coun | on'                           | berry e,<br>FL             |                                                         | CHANGES                        |
| 3950 BArberry Ct 13950  Suite, Apt. e, etc.  No. State  I No. 100, FL Welling  Country  Country  Country  Country  Country  Capacity  Country  Coun | on'                           | berry e,<br>FL             |                                                         | CHANGES                        |
| Na State Ing ION FL Welling To South Bench 33 414  6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | on'                           | FL                         |                                                         | CHANGES                        |
| 3414 PALM Bench 33919<br>6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               | FL                         |                                                         | // INTOES                      |
| 3414 PALM Bench 33919<br>6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               | FL                         |                                                         | Applied For                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PAT                           |                            | 65-1106684                                              | Not Applicable                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | in Beach                   | 5. Certificate of Status Desired                        | 8.75 Additional                |
| DO DADEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |                            | 7. Name and Address of New Registered Ag                |                                |
| RUSSO, BARRY<br>13960 BARBERRY CT.<br>WELLINGTON, FL 33414                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               | Name                       |                                                         |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | Street Address (F          | O. Box Number Is Not Acceptable)                        |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                            |                                                         |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | City                       | FL FL                                                   | Zip Code                       |
| e above named entity submits this statement for the purpose of changing it obligations of engistered agent.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ts registered                 | office or registere        | ed agent, or both, in the State of Florida. I am far    | niliar with and accept         |
| ATURE Barry Russo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               | raut s ignatura raquired v | 2/25                                                    | 6/03                           |
| FILE NOW HITEE IS \$150.00 (A) After May 1, 2003 Fee will be \$550,00 (Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                            | 9. Election Campaign Financing Trust Fund Contribution. | \$5.00 May Be<br>Added to Fees |
| President Directors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 11.<br>1ale                   | Dr.a                       | ADDITIONS/CHANGES TO OFFICERS AND D                     |                                |
| STEVE BLAUSTEIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NAME                          | 3.2                        | cry Russo                                               | Change - Addition              |
| 11210 NW 524NOST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET AL                     | DDRESS 13 C                | 150 BACKECL AT                                          |                                |
| CUTEL SPOINTS, FL Delek                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TITLE                         | we                         | BACHERY CT                                              | Change Addition                |
| DOMESS 33076                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MAME<br>STREET AL<br>CITY-ST- | DORRESS                    |                                                         | Change [] Addition             |
| ☐ Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1016                          |                            |                                                         | Change Addition                |
| DDMESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NAME<br>STREET AD             | DDRESS                     | •                                                       | _                              |
| 2P .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | City-st-2                     | ŽIP                        |                                                         |                                |
| . Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TITLE<br>NAME                 |                            | ·                                                       | Change Addition                |
| NOMESS .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STREET AD                     | ODRESS -                   |                                                         |                                |
| 2P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | CITY-ST-Z                     | ZIP                        |                                                         |                                |
| ☐ Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TITLE                         |                            |                                                         | Change                         |
| POMESS .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STREET AD                     | 223RO                      |                                                         |                                |
| PP TO THE PROPERTY OF THE PROP | CNY-ST-Z                      | tiP                        |                                                         |                                |
| - Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TITLE                         |                            |                                                         | Change Addition                |
| DRESS P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADD                    |                            |                                                         |                                |
| reby certify that the information supplied with this filling does not qualify for<br>cated on this report or supplemental report is true and accurate and that<br>he corporation of the receiver or trustee empowered to execute this report a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CAY-ST-2                      |                            |                                                         |                                |