2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 29, 2004 8:00 am Secretary of State DOCUMENT # P01000061093 1. Entity Name 04-29-2004 90242 022 \*\*\*150.00 TOPIARY BEAUTY SUPPLY, INC. Principal Place of Business Mailing Address 13790 SW 8TH ST. 6202 NW 116 AVE. #446 **MIAMI FL 33184 MIAMI FL 33178** rangalis programme mandang 2. Principal Place of Business 3. Mailing Address 13790 SW 8th Street Suite, Apt. #, etc. Suite, Apt, #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For Florida 65-1106005 Miawi Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33164 US 14 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEHARRY, CURTIS A Street Address (P.O. Box Number is Not Acceptable) 6202 NW 116 AVE., #446 MIAMI FL 33178 City 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. A Buy SIGNATURE 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 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 \$5.00 May Be 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 ח ☐ Delete TITLE Prosideu t Change ☐ Addition NAME BEHARRY, GEORGINA R Georgina R. Beharin NAME STREET ADDRESS 6202 NW 116 AVE., #446 STREET ADDRESS 13790 SW Run street MIAMI FL 33178 CITY-ST-ZIP CITY-ST-ZIP FC 33184 miant. VP TITLE ☐ Delete Change TITLE nottibba 🔲 BEHARRY, CURTIS A NAME NAME Curtis A Behari. 6202 NW 116 AVE., #446 STREET ADDRESS STREET ADDRESS 13790 SW QYL CITY-ST-7IP MIAMI FL 33178 CITY-ST-ZIP 33184 Miami TITLE ☐ Change ☐ Defete ☐ Addition NAME ---NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP 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.

FILED

SIGNATURE: Curties A Behavia 4/27/04 305-551-0282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Daytime Phone #