2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 14, 2007 08:00 AM DOCUMENT # P01000097415, **Secretary of State** L'ATLIER DE COIFFURE, INC. Principal Place of Business Mailing Address 9540 SW 80 AVE MIAMI FL 33156 9540 SW 80 AVE **MIAMI FL 33156** 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-1142093 Not Applicable Zip Country Zip Country \$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 FLAMANT, CAROLE Street Address (P.O. Box Number is Not Acceptable) 9540 SW 80 AVE MIAMI FL 33156 City Zip Codo 8. The above named ontity 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 HILL ☐ Delete HILE Change ☐ Addition FLAMANT, CAROLE NAME NAME 9540 SW 80 AVE STREET ADDRESS STRLET ADDRESS MIAMI FL 33156 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME U00000665465 STREET ADDRESS STREET ADDRESS 03/23/07-80031-012 150.00 CITY - ST - ZIP CITY-ST-ZIP Dolele fillif Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST- 7IP IHIE ☐ Detete DILLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ШШ Delete HILE ☐ Change Addition NAME NAME: STREET ADDRESS STREET ADDRESS CHY-SI-7IP CITY - ST - ZIP

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indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal offect as if made under eath; 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 any attachment with an address, with all other like empowered. Carole Flamant 3/12/07 (35)412-74/1 SIGNATURE:

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes, I further certify that the information