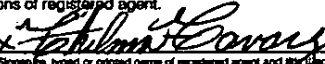


FILED
3/ **Apr 21, 2005 8:00 am**
Secretary of State

66011043

DOCUMENT # P01000113584 1. Entity Name THELMA HAIR DESIGN, INC.				Secretary of State 03-18-2005 90072 030 ***150.00	
Principal Place of Business 3251 HOLLYWOOD BLVD #448 HOLLYWOOD, FL 33021		Mailing Address 3251 HOLLYWOOD BLVD #448 HOLLYWOOD, FL 33021		66011040 	
DO NOT WRITE IN THIS SPACE				03112005 No Chg-P CR2E034 (10/03)	
				4. FEI Number 65-1157999 Applied For Not Applicable	
DO NOT WRITE IN THIS SPACE				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAVAREZ, JOSE 3251 HOLLYWOOD BLVD #448 HOLLYWOOD, FL 33021				DO NOT WRITE IN THIS SPACE	
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:  (NOTE: Registered Agent signature required when reinstating) DATE: 3/15/05					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP TAVAREZ, THELMA C 3251 HOLLYWOOD BLVD #448 HOLLYWOOD, FL 33021				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV TAVAREZ, JOSE 3251 HOLLYWOOD BLVD #448 HOLLYWOOD, FL 33021				
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS 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)(f), 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:  (27)987-0518		Date Daytime Phone #			