

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000021878

FILED
Feb 16, 2006
Secretary of State

Entity Name: MELA'S HAIR AND BEAUTY INC.

Current Principal Place of Business:

6209 W. COMMERCIAL BLD, STE 7
TAMARAC, FL 33319

New Principal Place of Business:

1391 LYONS ROAD
COCONUT CREEK, FL 33063 US

Current Mailing Address:

6209 W. COMMERCIAL BLD, STE 7
TAMARAC, FL 33319

New Mailing Address:

1391 LYONS ROAD
COCONUT CREEK, FL 33063 US

FEI Number: 02-0561269

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESCOBAR, LUIS
6209 W COMMERCIAL BLVD
STE 7
TAMARAC, FL 33319 US

Name and Address of New Registered Agent:

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.

SIGNATURE: LUIS ESCOBAR

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVTS () Delete
Name: IBRAGIMAV, OURIEL
Address: 6209 W COMMERCIAL BLVD #7
City-St-Zip: COCONUT CREEK, FL 33063

Title: D () Delete
Name: IBRAGIMAV, OURIEL
Address: 6209 W COMMERCIAL BLVD #7
City-St-Zip: COCONUT CREEK, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDTS (X) Change () Addition
Name: IBRAGIMAV, OURIEL
Address: 1391 LYONS ROAD
City-St-Zip: COCONUT CREEK, FL 33063 US

Title: VP (X) Change () Addition
Name: KALANTAROV, LUDMELA
Address: 1391 LYONS ROAD
City-St-Zip: COCONUT CREEK, FL 33063 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OURIEL IBRAGIMAV

P

02/16/2006

Electronic Signature of Signing Officer or Director

Date