2005 FOR PROFIT CORPORATION ANNUAL REPORT

Principal Places of Business 1241 W. THARPE ST., STE. 3 1241 W. THARPE ST.,	DOCUMENT # P02000022536 1. Entity Name NATURALLY "U" BRAID STUDIO, INC.							FILED 05 APR 26 PM 3: 49					
Surie, Apt. # etc. City & State City & C	1241 W. THARPE ST., STE. 3				241 W. THARPE ST., S		1/08/100/	SEC T al l	Reiani Lahassi Tagoso	iorsi. EE,FLO Mas API	AIE RID/ R 2	1 8 2574 11111111	
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S. Name and Address of Current Registered Agent 7. Name ACOFF, MARCINA 1241 W. THARPE ST., STE. 3 TALLAHASSEE, FL. 32303 City FL Zip Code 8. The above named entity submits title 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 for gigistered agent. SIGNATURE: 8. The above named entity submits title 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 for gigistered agent. SIGNATURE: 8. The above named entity submits title 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 for gigistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations for gigistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations for gigistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations for gigistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations for gigistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations for gigistered agent, or both, in the State of Florida. I am familiar with, and accept the familiar with, and accept the familiar with accept the f	City & State			City & State				1					
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Sircel Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. The above narged entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent. SIGNATURE S.		6. Name	and Address of Current	Regist	tered Agent		Name	7. Name and	d Address of	New Registe	red Agent		
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