2004 FOR PROFIT CORPORATION

Apr 26, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P02000091592** 04-26-2004 90987 035 ***150.00 1. Entity Name CLAUDIA'S BEAUTY SALON CORP. Principal Place of Business Mailing Address VIVVIVUU 704 EAST ATLANTIC BLVD. 1298 NW 85TH TERR POMPANO BEACH, FL 33060 CORAL SPRINGS, FL 33071 2. Principal Place of Business 709 E. PALMETTO 3. Mailing Address 709 E. PALMETTO PARK Suite, Apt. #, etc. Suite, Apt. #, etc. 04232004 Chg-P CR2E034 (10/03) ROAD ROAD City & State City & State 4. FEI Number Applied For PATON 01-0741469 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired SEPEE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEREIRA, CLAUDIA C Street Address (P.O. Box Number is Not Acceptable) 704 EAST ATLANTIC BLVD POMPANO BEACH, FL 33060 709 E. PALMETTO PARK OCA PATON 8. The above named entity subplits this stat ement 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 regis agent. โดยเล่น เลย เกม ได้รู้ และ หนึ่ง สุดและ โดย ด้วยผู้สุดเรื่องผู้สุดให้เล SIGNATURE (NOTE: Registered Agent signature required when reinstating) printed hame of registered agent and title if applicable. Signature, ty C - 21- Zb nin El YOUREST 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Hr After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Change 🔲 Addition 10. -1:36 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE * The first VSD TITLE □ Change □ Delete Addition NAME PEREIRA, CLAUDIA M. C. NAME mart. T71 " " STREET ADDRESS 17576 WEEPING WILLOW TRAIL STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33487 CITY - ST - 7IP PTD ☐ Change TITLE ☐ Delete TITLE Addition PEREIRA, CLAUDIA C NAME NAME STREET ADDRESS 17576 WEEPING WILLOW TRAIL STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33487 CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAMÉ NAME ? STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition PERFIRM CLAUDIM M. C NAME NAME ☐ Chinga □ Y******* STREET ADDRESS ASD STREET ADDRESS ADDITIONS/C:-A) IGES TO OFFICERS AND DIRECTORS IN 1. OFFICERS AND DIRECTORS _ CITY.- ST - ZIP_ CITY-ST-ZIP Fil = Movill Fee is \$139.09 T M iy 1, 2004 Fee will be \$359.00 THE JUST W Change ☐ Addition | Delete | Contri Acced to hose \$5,60 Mny Ba NAME 9. Election Campaig **Buidaman**

12. Thereby certify that the information supplied with this filling 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.

STREET ADDRESS

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a received when remember)

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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