

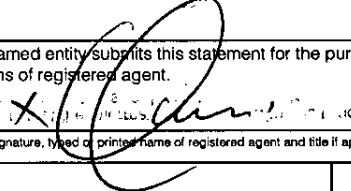
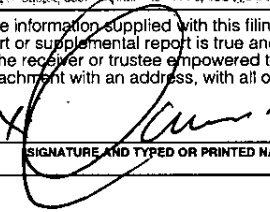


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90987 035 ***150.00

DOCUMENT # P02000091592																																																																							
1. Entity Name CLAUDIA'S BEAUTY SALON CORP.																																																																							
Principal Place of Business 704 EAST ATLANTIC BLVD. POMPANO BEACH, FL 33060			Mailing Address 1298 NW 85TH TERR CORAL SPRINGS, FL 33071																																																																				
2. Principal Place of Business 709 E. PALMETTO PARK Suite, Apt. #, etc. ROAD		3. Mailing Address 709 E. PALMETTO PARK Suite, Apt. #, etc. ROAD																																																																					
City & State BOCA RATON		City & State BOCA RATON		4. FEI Number 01-0741469																																																																			
Zip 33432		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																			
6. Name and Address of Current Registered Agent PEREIRA, CLAUDIA C 704 EAST ATLANTIC BLVD POMPANO BEACH, FL 33060			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 709 E. PALMETTO PARK RD City BOCA RATON FL 33432																																																																				
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 																																																																							
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 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 33%; padding: 5px;"> TITLE VSD </td> <td style="width: 33%; padding: 5px;"> NAME PEREIRA, CLAUDIA M. C </td> <td style="width: 33%; padding: 5px;"> <input type="checkbox"/> Delete </td> <td style="width: 33%; padding: 5px;"> TITLE </td> <td style="width: 33%; padding: 5px;"> NAME </td> <td style="width: 33%; padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;"> STREET ADDRESS 17576 WEEPING WILLOW TRAIL </td> <td style="padding: 5px;"> CITY-ST-ZIP BOCA RATON, FL 33487 </td> <td style="padding: 5px;"></td> <td style="padding: 5px;"> STREET ADDRESS </td> <td style="padding: 5px;"> CITY-ST-ZIP </td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"> TITLE PTD </td> <td style="padding: 5px;"> NAME PEREIRA, CLAUDIA C </td> <td style="padding: 5px;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;"> TITLE </td> <td style="padding: 5px;"> NAME </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;"> STREET ADDRESS 17576 WEEPING WILLOW TRAIL </td> <td style="padding: 5px;"> CITY-ST-ZIP BOCA RATON, FL 33487 </td> <td style="padding: 5px;"></td> <td style="padding: 5px;"> STREET ADDRESS </td> <td style="padding: 5px;"> CITY-ST-ZIP </td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"> TITLE </td> <td style="padding: 5px;"> NAME </td> <td style="padding: 5px;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;"> TITLE </td> <td style="padding: 5px;"> NAME </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;"> STREET ADDRESS </td> <td style="padding: 5px;"> CITY-ST-ZIP </td> <td style="padding: 5px;"></td> <td style="padding: 5px;"> STREET ADDRESS </td> <td style="padding: 5px;"> CITY-ST-ZIP </td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"> TITLE </td> <td style="padding: 5px;"> NAME </td> <td style="padding: 5px;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;"> TITLE </td> <td style="padding: 5px;"> NAME </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;"> STREET ADDRESS </td> <td style="padding: 5px;"> CITY-ST-ZIP </td> <td style="padding: 5px;"></td> <td style="padding: 5px;"> STREET ADDRESS </td> <td style="padding: 5px;"> CITY-ST-ZIP </td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"> TITLE </td> <td style="padding: 5px;"> NAME </td> <td style="padding: 5px;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;"> TITLE </td> <td style="padding: 5px;"> NAME </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;"> STREET ADDRESS </td> <td style="padding: 5px;"> CITY-ST-ZIP </td> <td style="padding: 5px;"></td> <td style="padding: 5px;"> STREET ADDRESS </td> <td style="padding: 5px;"> CITY-ST-ZIP </td> <td style="padding: 5px;"></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE VSD	NAME PEREIRA, CLAUDIA M. C	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 17576 WEEPING WILLOW TRAIL	CITY-ST-ZIP BOCA RATON, FL 33487		STREET ADDRESS	CITY-ST-ZIP		TITLE PTD	NAME PEREIRA, CLAUDIA C	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 17576 WEEPING WILLOW TRAIL	CITY-ST-ZIP BOCA RATON, FL 33487		STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing 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.																																																																							
SIGNATURE: 																																																																							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																							
Date 4/23/04 (561) 417-8890																																																																							