LA CHE BEAUTY SALON, INC.       04-12-2004 90329 027 ***150.00         Principal Place of Business       Mailing Address         Bill Wills Hire BLVD CASSELBERRY FL 32707       316 Will SHIRE BLVD CASSELBERRY FL 32707       04-12-2004 90329 027 ***150.00         2. Principal Place of Business       Mailing Address       Mailing Address         Suite. Apt. #, etc.       MOORE       CR2E034 (11/03)         City & State       City A State       4. FEI Number 71-0904227       Applied For Not Application         Zip       Courtry       2ip       Courtry       6. Certificate of Status Desired       S8.75 Additional Fee Required         OLIVA, MARIA C 1142 DAPPLED ELM LN WINTER SPRINGS FL 32708       Name and Address of New Registered Agent       Name and Address of New Registered Agent       Street Address (P.O. Box Number is Not Acceptacle)         Street Address (P.O. Box Number is Not Acceptacle)       Street Address (P.O. Box Number is Not Acceptacle)       Street Address of New Registered Agent       Street Address of New Registered Agent         City       FLE NOW!!!       FEL S \$10.000 Mate Check Payable to Florida Department of State       (MOTE Regenera Agent stream and entiple agent with, and accept Tust Fund Contradion.       St.00 May Ba         Street Address of Poiles And Differ Crepts and Differ Crepts       11. Addition Mate Agent agent or broth, in the State of Florida. Lam familiar with, and accept Tust Fund Contradion.       St.00 May Ba	1. Entity Nan	MENT # P02000096	FIT CORPOR REPORT (AF 023		FILED Apr 12, 2004 8:00 am Secretary of State
			_		
State. Add: 4, etc. Suite. Add: 4, etc. Address of Carpendia United and and and and and and and and and an	Principal Place of Business 316 WILSHIRE BLVD CASSELBERRY FL 32707 2. Principal Place of Business		316 WILSHIRE BLVD CASSELBERRY FL 32707		
City & State     City & State     4. FEI Number     City & State     Applied for Intel Applicable       20     Country     Z0     Country     R. St. Automatic Intel Applicable     St. St. Automatic Intel Applicable       20     Country     Z0     Country     R. St. Automatic Intel Applicable     St. St. Automatic Intel Applicable       0LUAC     Name     Automatic Intel Damber     Name     Automatic Intel Damber     Steel Address of Nom Registered Applicable       0LUAC     Name     City A State     Name     Automatic Intel Damber     Name       0LUAC     Name     City A State     Name     Steel Address IP D. Box Number is Not Acceptable       0LUAC     Name     City A State     Name     City A State       0LUAC     Name     City A State     Name       0LUAC     Name     City A State     Name       0LUAC     Name     Steel Address IP D. Box Number is Not Acceptable       Nime     City A State     Steel Address IP D. Box Number is Not Acceptable       Steel Address IP D. Box Number is Not Acceptable     Not Acceptable       Steel Address IP D. Box Number is Not Acceptable     Not Acceptable       Name     City A State     Not Acceptable       Name     City A State     Not Acceptable       Name     City A State     Not Acceptable </td					
Zip         Country         Zip         Country         Start Applicable           Zip         Country         Start Applicable         Start Applicable         Start Applicable           Image: Start Applicable         Start Applicable         Start Applicable         Start Applicable           Image: Start Applicable         Name         Image: Start Applicable         Start Applicable           Image: Start Applicable         Name         Image: Start Applicable         Start Applicable           Image: Start Applicable         Name         Start Address (P.O. Box Number is Nic Acceptable)         Start Applicable           Image: Start Applicable         Start Address (P.O. Box Number is Nic Acceptable)         Start Applicable         Start Applicable           Image: Start Applicable         Start Applicable         Start Applicable         Start Applicable           Start Applicable         Start Applicable         Start A	·				
	-			Country	71-0904227 Not Applicable
OLIVA_MARIAC     Name       1142 DAPPLED ELM LN WINTER SPRINGS FL 32708     Street Address (P.O. Box Number is Nat Acceptable)       City     FL     Zip Code       A The above named only submits this statement for the ourpage of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.     (NOTE Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.       SIGNATURE     City     FL     Zip Code       A flore buty to state and registered agent.     (NOTE Registered Agent space environment of State     DATE       Signation flore a land all systemating per series of space environment of State     (NOTE Registered Agent space environment of State     DATE       Signation flore     OFFICERS AND DIPECTORS     11.     ADDITIONS/OFANGES TO OFFICERS AND DIPECTORS IN 11       Number agent space environment of State     Intel State of Dipertification     State agent space environment of State       Out A, MARIA C     Intel State of Dipertification     Intel State of Dipertification     Change & Addition       State agent space environment of State of State of Dipertification     Intel State of Dipertification     Change & Addition       State agent space environment of State of State of State of Dipertification     Intel State of Dipertification     Change & Addition       State agent space environment of State of State of State of Dipertification     Intel State of Dipertification	<u></u>		·		5. Certificate of Status Desired Fee Required
1142 DAPPLED ELM LN WINTER SPRINGS FL 32708       City     FL     Zip Code       City     FL     Zip Code       City     FL     Zip Code       City     FL     Zip Code   Sequence operations of registered agent, or both, in the State of Florida, is an familiar with, and accept the obligations of registered agent, or both, in the State of Florida, is an familiar with, and accept the obligations of registered agent, or both, in the State of Florida, is an familiar with, and accept the obligations of registered agent, or both, in the State of Florida, is an familiar with, and accept the obligations of registered agent, is obligating the state of Florida, is an familiar with, and accept the obligations of registered agent, is obligating the state of Florida, is an familiar with, and accept the obligations of registered agent, is obligating the state of Florida, is an familiar with, and accept the obligations of registered agent, is obligating the state of Florida, is an familiar with, and accept the obligations of registered agent, is obligating the state of Florida, is an familiar with, and accept the obligations of registered agent, is obligating the state of Florida, is an familiar with, and accept the obligations of registered agent, is obligating the state of Florida, is an familiar with, and accept the obligation of registered agent, is obligating the state of Florida, is an familiar with, and accept the obligation of registered agent of the obligation of registered agent.       Signation by the obligation of the registered of State     Int E     Int E     Int E       P     Othy, Agent of Pameliar Band, accept the state of Florida, is an family accept the state of Florida, is an family accept the state of Florida, is an family accept the state of Florida,			nt Registered Agent		7. Name and Address of New Hegistered Agent
City FL 2p Code  City	114	12 DAPPLED ELM LN		Street Addres	s (P.O. Box Number is Not Acceptable)
The obligations of registered agent SIGNATURE				City	FL Zip Code
FILE NOW !!! FEE IS \$150.00 Mater May 1, 2004 Fee will be \$550.00 Mater Check Payable to Florida Department of State <ul> <li></li></ul>	the obliga	tions of registered agent.			· · ·
P       Delete       TTLE       Change       Addition         NAME       OLIVA, MARIA C       NAME       NAME       Change       Addition         NAME       SIRET ADDRESS       CITY-ST-2P       CITY-ST-2P       CITY-ST-2P       CITY-ST-2P         ITTLE       Delete       TTTLE       NAME       Change       Addition         NAME       Delete       TTTLE       Change       Addition         NAME       STRET ADDRESS       CITY-ST-2P       CITY-ST-2P       CITY-ST-2P         NAME       STRET ADDRESS       CITY-ST-2P       CITY-ST-2P       CITY-ST-2P         NAME       STRET ADDRESS       CITY-ST-2P       CITY-ST-2P       CITY-ST-2P         NTLE       Delete       TTLE       Change       Addition         NAME       STRET ADDRESS       CITY-ST-2P       CITY-ST-2P       CITY-ST-2P         NTLE       Delete       TTLE       Change       Addition         STRET ADDRESS       CITY-ST-2P       CITY-ST-2P	Afte	FILE NOW!!! FEE IS \$150.00 er May 1, 2004 Fee will be \$550.0	JO		9. Election Campaign Financing\$5.00 May Be
NAME         OLIVA, MARIA C         NAME           SIRET ADDRESS         1142 DAPPLED ELAN LANE         SIRET ADDRESS           ITTLE         Change         Addition           MAKE         Delde         TITLE           MAKE         SIRET ADDRESS         Change         Addition           SIRET ADDRESS         CITY-ST-2P         Change         Addition           MAKE         SIRET ADDRESS         CITY-ST-2P         CITY-ST-2P         CITY-ST-2P           TITLE         Delde         TITLE         Addition         Addition           NAME         SIRET ADDRESS         CITY-ST-2P         CITY-ST-2P         CITY-ST-2P           TITLE         Delde         TITLE         Change         Addition           NAME         SIRET ADDRESS         CITY-ST-2P         CITY-ST-2P         CITY-ST-2P           TITLE         Delde         TITLE         Change         Addition           NAME         SIRET ADDRESS         CITY-ST-2P         CITY-ST-2P         CITY-ST-2P         CITY-ST-2P           TITLE         Delde         TITLE         Change         Addition         SIRET ADDRESS         CITY-ST-2P         CITY-ST-2P         CITY-ST-2P         CITY-ST-2P         CITY-ST-2P         CITY-ST-2P		OFFICERS A			
NAME     NAME       STREET ADDRESS     CITY-ST-ZP       ITTLE     Delete       NAME     STREET ADDRESS       CITY-ST-ZP     CITY-ST-ZP       ITTLE     Delete       NAME     STREET ADDRESS       CITY-ST-ZP     CITY-ST-ZP       ITTLE     NAME       STREET ADDRESS     CITY-ST-ZP       CITY-ST-ZP     CITY-ST-ZP       ITTLE     Delete       NAME     STREET ADDRESS       CITY-ST-ZP     CITY-ST-ZP       ITTLE     Delete       NAME     STREET ADDRESS       CITY-ST-ZP     CITY-ST-ZP       ITTLE     NAME       STREET ADDRESS     CITY-ST-ZP       ITTLE     Delete       NAME     STREET ADDRESS       CITY-ST-ZP     CITY-ST-ZP       ITTLE     NAME       STREET ADDRESS     CITY-ST-ZP       ITTLE<	NAME STREET ADDRESS	1142 DAPPLED ELAN LANE	L Delete	NAME STREET ADDRESS	L Change L Addition
TITLE       Delete       TITLE       Change       Addition         NAME       STREET ADDRESS       CITY-ST-ZIP       Change       Addition         TITLE       Delete       TITLE       Change       Addition         NAME       STREET ADDRESS       CITY-ST-ZIP       Change       Addition         NAME       Delete       TITLE       Change       Addition         NAME       STREET ADDRESS       CITY-ST-ZIP       Change       Addition         TITLE       Delete       TITLE       Change       Addition         NAME       STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP         TITLE       Delete       TITLE       Change       Addition         NAME       STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP         TITLE       Delete       TITLE       NAME       Change       Addition         NAME       STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP       Change       Addition         TITLE       MAME       STREET ADDRESS       CITY-ST-ZIP       Change       Addition         STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP       Change       Addi	TITLE NAME STREET ADDRESS CITY-ST-7IP		Delete	NAME STREET ADDRESS	_ Change _ Addition
NAME       STREET ADDRESS         CITY-ST-ZIP       ITLE         ITLE       Delete         TITLE       Delete         STREET ADDRESS       CITY-ST-ZIP         ITTLE       Delete         STREET ADDRESS       CITY-ST-ZIP         ITTLE       Delete         TITLE       CITY-ST-ZIP         ITTLE       Delete         STREET ADDRESS       CITY-ST-ZIP         CITY-ST-ZIP       CITY-ST-ZIP         ITTLE       Delete         NAME       STREET ADDRESS         CITY-ST-ZIP       CITY-ST-ZIP         ITTLE       Delete         NAME       STREET ADDRESS         CITY-ST-ZIP       CITY-ST-ZIP         ITTLE       Delete         NAME       STREET ADDRESS         CITY-ST-ZIP       CITY-ST-ZIP         Iter to be componential 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 receive or trustee enpowered to execurate 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 receive or trustee enpowered to execure 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 addres, win all other like empowered	ITTLE		Delete		Change Addition
AME       NAME         STREET ADDRESS       STREET ADDRESS         JTY-ST-ZIP       CITY-ST-ZIP         ITTLE       Delete         VAME       TTLE         STREET ADDRESS       CITY-ST-ZIP         ITTLE       Delete         STREET ADDRESS       CITY-ST-ZIP         STREET ADDRESS       CITY-ST-ZIP         It 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 rustee ampowered 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, win all other like empowered.	STREET ADDRESS		<u> </u>		
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)(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, win all other like empowered.	STREET ADDRESS City-St-Zip Title Name Street Address		Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS	Change Addition
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, win all other like empowered.	STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS			CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	
1 1 1 1 1 1 1 1 <b>1 1 1 1 1 1 1 1 1 1 1 </b>	STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS		Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Change Addition