


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90086 042 ***150.00

DOCUMENT # P02000097047		
1. Entity Name BIANA'S BEAUTY SUPPLY & ITEMS, INC.		

Principal Place of Business 10821 NE 13TH AVE., UNIT 2 MIAMI, FL 33161	Mailing Address 10821 NE 13TH AVE., UNIT 2 MIAMI, FL 33161
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2. Principal Place of Business <i>Haiti P.O.U-P</i>	3. Mailing Address <i>595 NW 118th Street</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04202004 Chg-P CR2E034 (10/03)

City & State <i>Miami, FL 33168</i>	4. FEI Number 03-0480865	Applied For <input type="checkbox"/> Not Applicable
Zip <i>33168</i>	Country <i>Dade</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JOSEPH, KETTEL 595 NW 118TH STREET MIAMI, FL 33168		7. Name and Address of New Registered Agent Name <i>Saintamene Seme</i> Street Address (P.O. Box Number is Not Acceptable) <i>595 NW 118th Street</i> City <i>Miami</i> FL Zip Code <i>33168</i>	
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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 _____ (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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P JOSEPH, KETTEL 595 NW 118TH STREET MIAMI, FL 33168	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>President</i> <i>Saintamene Seme</i> <i>595 NW 118th Street</i> <i>Miami FL 33168</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <i>President</i> <i>Saintamene Seme</i> <i>595 NW 118th Street</i> <i>Miami FL 33168</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Secretary</i> <i>William Joseph</i> <i>595 NW 118th Street</i> <i>Miami FL 33168</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <i>Secretary</i> <i>William Joseph</i> <i>595 NW 118th Street</i> <i>Miami FL 33168</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* Kettely Joseph 04/27/04 681-1247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #