2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000108846

Entity Name: LUISA BEAUTY SALON CORP.

FILED Jan 16, 2004 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|------------------------------------|
| Current Frincipal Flace Of Business. | New Fillicipal Flace Of Dusiliess. |

3011 NW 7TH ST 3011 NW 7TH STREET MIAMI, FL 33125 US MIAMI, FL 33125 US

Current Mailing Address: New Mailing Address:

452 SW 2ND. STREET

APT. #9-B

MIAMI, FL 33130 US

3011 NW 7TH STREET

MIAMI, FL 33125 US

FEI Number: 51-0430622 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BASILIO, JOSE D

250 NW 107TH AVENUE

108

MIAMI, FL 33172 US

FERNANDEZ, MARIO R

452 SW 2ND. STREET

9-B

MIAMI, FL 33130 US

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.

SIGNATURE: MARIO R FERNANDEZ 01/16/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition Name: FERNANDEZ, LUISA M Name:

 Address:
 452 SW 2ND. STREET #9-B
 Address:

 City-St-Zip:
 MIAMI, FL 33130 US
 City-St-Zip:

Title: VP (X) Delete Title: () Change () Addition

 Name:
 BASILIO, JOSE D
 Name:

 Address:
 250 NW 107 AVENUE #108
 Address:

 City-St-Zip:
 MIAMI, FL 33172 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUISA M FERNANDEZ P 01/16/2004