


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000108846 1. Entity Name LUISA BEAUTY SALON CORP.		
Principal Place of Business 110 SW 17 AVENUE SUITE 2 MIAMI, FL 33135 US		Mailing Address 452 SW 2ND. STREET APT. #9-B MIAMI, FL 33130 US
2. Principal Place of Business 3011 NW 7TH ST. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State MIAMI, FL		City & State
Zip 33125		Country USA
4. FEI Number 51-0430622		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BASILIO, JOSE D 260 NW 107TH AVENUE 108 MIAMI, FL 33172		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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 <i>Jose de Jesus Basilio</i> JOSE DE JESUS BASILIO 4/28/03 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE</small>		
FILE NOW! FEE IS \$100.00 After May 1, 2003 fee will be \$500.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERNANDEZ, LUISA M 462 SW 2ND. STREET #9-B MIAMI, FL 33130	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BASILIO, JOSE D 260 NW 107 AVENUE #108 MIAMI, FL 33172	TITLE NAME 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: <i>Luisa Fernandez</i> 4-28-03 305/643-9333 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Caytime Phone #</small>		Case

CR20034 (10/02)