2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 21, 2004 8:00 am Secretary of State DOCUMENT # P02000118683 05-21-2004 90005 035 ***150.00 LA QUEBRADA HAIR STUDIO, INC. Principal Place of Business Mailing Address 3010 NORTH MILITARY TRAIL SUITE 200 3010 NORTH MILITARY TRAIL SUITE 200 **BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Pusiness 3. Mailing Address 21401 10WERLING Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State PATON, FL. City & State 4. FEI Number Applied For 02-0652393 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired BROWMA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHITTAKER, LAURIE S Street Address (P.O. Box Number is Not Acceptable) 1065 NE 125TH STREET SUITE 300 NORTH MIAMI FL 33161 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** TITLE ☐ Delete TITLE Change ☐ Addition SATURNINO, EDWARD NAME NAME 3010 NORTH MILITARY TRAIL SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP VD TITLE ☐ Delete TITLE Change ☐ Addition. MCCONNELL, JOHN NAME NAME 3010 NORTH MILITARY TRAIL SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP Change TITLE Delete ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 pooff is title 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 of this fee 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.

Date

Davume Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

FILED

#P02000118683

PAUL THILEM & COMPANY 11844 NW 11TH Court Coral springs, FL 33071 Tel. (954) 255-5435 Fax. (954) 255-0299

05/12/04

DIVISION OF CORPORATIONS ANNUAL REPORT SECTION PO BOX 6850 TALLAHASSEE, FL 32314

ANNUAL REPORT 2004

DEAR SIR,

ENCLOSED IS OUR CHECK NO1730 IN THE AMOUNT OF 150.00. WE REALIZE THAT WE ARE LATE WITH OUR FEE BUT THERE IS EXTANUATING CERCUMSTACES. THE OWNER OF THE BUSINESS WAS MAKING A MAJOR MOVE FROM ONE LOCATION TO ANOTHER AND SOME OF THE MAIL WAS LOST DURING THE MOVE. ALSO THE OWNERS HAD SOME BUSINESS OUT OF THE COUNTRY.

BECAUSE OF THE PROBLEMS ABOVE, WE HAVE JUST FOUND THE FORM AND REALIZED THAT WE DID NOT PAY ON TIME. WE ARE HOPING THAT YOU WILL EXTEND THE DEADLINE FOR US BECAUSE OF OUR SITUATION. ANY CONCIDERATION YOU GIVE US WILL BE GREATLY APPRECIATED

SINCERELY

PAUL THILEM ACCOUNTANT