2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# P02000121268

Entity Name: KOKOPELLI BEAUTY SALON INC.

Current Principal Place of Business:

6900 W 32 AVE
SUITE #6
HIALEAH, FL 33018

New Principal Place of Business:

11699 NW 89 CT
HIALEAH, FL 33018

Current Mailing Address:

6900 W 32 AVE
SUITE #6
HIALEAH, FL 33018

New Mailing Address:

11699 NW 89 CT
HIALEAH, FL 33018

FEI Number: 03-0491865 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOMEZ, JOAQUIN L
6900 W 32 AVE
SUITE # 6
HIALEAH, FL 33018 US

Name and Address of New Registered Agent:

GOMEZ, JOAQUIN L
11699 NW 89 CT
HIALEAH, FL 33018 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: 04/24/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GOMEZ, JOAQUIN L
Address: 6900 W 32 AVE SUITE #6
City-St-Zip: HIALEAH, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GOMEZ, JOAQUIN L
Address: 11699 NW 89 CT
City-St-Zip: HIALEAH, FL 33018

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOAQUIN GOMEZ P 04/24/2008
Electronic Signature of Signing Officer or Director — Date