2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000124510

1. Entity Name
MYSTICAL TOUCH DETAIL, INC.

Principal Place of Business	Mailing Address
5811 NW 17TH PLACE	5811 NW 17TH PLACE
# J	# J
SUNRISE FL 33313	SUNRISE FL 33313

2. Principal Place of Business
1802 N UNIVERSITY DR.

Suite, Apt. #, etc.
SUITE 102   # 290

City & State
PLANTATION

Zip 33323   Country FLORIDA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip   Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 481285372   ☐ Applied For   ☐ Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
ABBOTT, MICHAEL	Name
5811 NW 17TH PLACE	Street Address (P.O. Box Number is Not Acceptable)
# J	
SUNRISE FL 33313	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: _[signature]_

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

DATE 01.31.03

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**	
TITLE P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME ABBOTT, MICHAEL		NAME	
STREET ADDRESS 5811 NW 17TH PLACE # J		STREET ADDRESS	
CITY-ST-ZIP SUNRISE FL 33313		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	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	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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]_ REQUIRED   Date 01-31-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #