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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Beauty Dream Inc. (Name of Corporation)
DOCUMENT NUMBER: P0 2000 1 25 1 68.
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Salih M. Osman (Name of Contact Person)
Beauty Dream Inc.
1463 South Congress Avenus
Delray Beach, 71 33445 (City/State and Zip Code)
For further information concerning this matter, please call: 305-879-2685
Musa, Mutasim — at (561-) 330-2202 (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State ofFloRida_
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Beauty Dream, Inc.
2. The principal office address: 1463 South Congress Avenue = 93
Delegy Beach, Florida 33445 -
3. The mailing address (if different):
3 705
4. Date of incorporation/qualification: // 20/2002 Document number: PO 2 000125168
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
100
1249 NW 31St Are > NO long
FT Lauderdale 7133311 Location
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
. 1)ew
1463 S. Congress Ave pocation
DelRay Beach 71 33445
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
(Signature of an officer of diffector) Muchasian Musin Tree. (Signature of an officer of diffector)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *