2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 29, 2004 08:00 AM Secretary of State **DOCUMENT # P02000132088** GOLDEN TOUCH SALON, INC. Principal Place of Business Mailing Address 37 S. POMPANO PKWY 4980 NW 44TH AVE COCONUT CREEK, FL 33073 POMPANO BEACH, FL 33069 CR2E034 (10/03) 04262004 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 43-1999955 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HNIM NHOL, NAST DO NOT WRITE 4980 NW 44TH AVE COCONUT CREEK, FL 33073 IN THIS SPACE 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. 1 am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DP TITLE NAME TRAN, JOHN MINH U00000140274 STREET ADDRESS 4980 NW 44TH AVE 04/29/04-80156-009 150.00 COCONUT CREEK, FL 33073 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS 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 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:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

Jun Winh Tray

4/26/04

(954) 8585

Daytime Phone

FILED