2004 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE: ~

May 03, 2004 8:00 am Secretary of State DOCUMENT # P03000006442 05-03-2004 90451 005 ***150.00 1. Entity Name XIOMARA'S HOUSE OF BEAUTY INC Principal Place of Business Mailing Address TANTOLDO 1602 NW 36 ST 1602 NW 36 ST MIAMI, FL 33142 MIAMI, FL 33142 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 05-055012 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent --- -Name SAME ARNAUD, XIOMARA Street Address (P.O. Box Number is Not Acceptable) 1920 NW 29TH ST APT 2 MIAMI, FL 33142 City Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition ARNAUD, XIOMARA NAME NAME STREET ADDRESS 1920 NW 29TH ST APT 2 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33142 CITY-ST-ZIP Delete ☐ Change Addition EBANKS, DAVID NAME NAME STREET ADDRESS 1722 NE 142 ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33181 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- 7IP

I hereby certify that the information supplied with this fifing 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.

FILED