2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 02, 2005 8:00 am Secretary of State 05-02-2005 90416 036 ***150.00 DOCUMENT # P03000006442 XIOMARA'S HOUSE OF BEAUTY INC Principal Place of Business Mailing Address 14014315 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. 04282005 CR2E034 (10/03) Chg-P Applied For City & State 4. FEI Number City & State 05-0550121 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARNAUD, XIOMARA Street Address (P.O. Box Number is Not Acceptable) 1920 NW 29TH ST APT 2 MIAMI, FL 33142 City 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 4-28-05 liomala SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE D Change Addition Delete TITLE ARNAUD, XIOMARA, NAME NAME 1920 NW 29TH ST APT 2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33142 CITY-ST-ZIP TITLE Delete TITLE Change Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ■ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ■ Addition TITLE THLE NAME NAME STREET ADDRESS 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.

rvace SIGNATURE: 🔽

4-28-04 (305)638-0766

FILED