2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jan 06, 2005
Secretary of State

DOCUMENT# P03000008066

Entity Name: GOLD COAST BEAUTY SUPPLY, INC.

Current Principal Place of Business:

7647 W SIERRA TERRACE
BOCA RATON,, FL 33433

New Principal Place of Business:

6353 W. ROGERS CIRCLE #4
BOCA RATON,, FL 33487

Current Mailing Address:

7647 W SIERRA TERRACE
BOCA RATON, FL 33433

New Mailing Address:

6353 W. ROGERS CIRCLE #4
BOCA RATON, FL 33487

FEI Number: 90-0058096 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SKOOG, MARIANNE
7647 W SIERRA TERRACE
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

SKOOG, MARIANNE
6353 W. ROGERS CIRCLE #4
BOCA RATON, FL 33487 US

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.

SIGNATURE: MARIANNE SKOOG 01/06/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: SKOOG, MARIANNE
Address: 7647 W SIERRA TERRACE
City-St-Zip: BOCA RATON, FL 33433

Title: V ( ) Delete
Name: BLOCK, MICHAEL
Address: 3652 N ANDREWS AVE
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: SKOOG, MARIANNE
Address: 6353 W. ROGERS CIRCLE #4
City-St-Zip: BOCA RATON, FL 33487

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIANNNE SKOOG P 01/06/2005
Electronic Signature of Signing Officer or Director Date