COUNTENT # P03000016320 STARDOM BARBER SHOP, INC. Secretary of State Secretary Secretary State Secretary Secretary State Secretary Secretary State Secretary State Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary	. 2	, 005 FOR PRO ANNU	FIT CORPORATIC	FILED Jan 24, 2005 08:00 AN			
A33 M MF 95TH CT. MAM, FL 33178 MAN, FL 33178 MAN	1. Entity Name	e ····~				Secr	etary of State
DD NOT WRITE IN THIS SPACE (1182005 No Org-P CREDIA (10/03) CREDIA (10/03) • Credicate of Status Dealer of Dealer of Applicable • Credicate of Status Dealer of Dealer of Status Dealer of De	4831 NW 99	TH CT.	4831 NW 99TH CT.			(TTE MINIST BRINI KANSIN KANKA	
DO NOT WRITE IN THIS SPACE 			an a	enter e management a			
CABANERO, CARLOS 4831 NW 99TH CT MIAMI, FL 33173 DO NOT WRITE IN THIS SPACE The above named enly submits this sustainance for the purpose of changing its registered agent, or both, in the State of Portda. I am familiar with, and accept the obligations of registered agent. SIGNATURE The above named enly submits this sustainance for the purpose of changing its registered collice or registered agent, or both, in the State of Portda. I am familiar with, and accept the obligations of registered agent. SIGNATURE The movement of registered agent is \$150.00 After May 1, 2005 Fee will be \$550.00 . Election Campaign Finanching Tuss Fund Contribution FLE NOWIL: FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 . Election Campaign Finanching Tuss Fund Contribution FRY, STELLA STRUT AGES TO OFFICERS AND DIRECTORS U007DD1 \$2945 U00	D	o not wri	TE IN THIS SPA	CE	4. FEI Number NOT APPLIC	ABLE	Applied For Not Applicable \$8.75 Additional
4831 NW 98TH CT IN THIS SPACE IN THIS SPACE IN THIS SPACE In the obligations of registered agent. Statement for the purpose of changing its registered office or registered agent, or both, in the State of Ponda. Lem familiar with, and accept the obligations of registered agent. If the above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Ponda. Lem familiar with, and accept the obligations of registered agent. If the NOWITH FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 In FileENOWITH FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 In FileENOWITH FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 In FileENOWITH FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 In FileENOWITH FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 In FileENOWITH FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 In FileENOWITH FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 In FileENOWITH FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 In FileENOWITH FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 In FileENOWITH FEE IS \$150.00 DeficeENB AND DIrectrones UU/25/205-B0D40-008 S00.00 UI/25/205-B0D40-008 UI/25/205-B0D40-008 UI/25/205-B0D40-008 UI/25/205-B0D40-008 UI/25/205-B0D40-008 UI/25/205-B0D40-008 UI/25/205-B0D40-008 UI/25/205-B0D40-008 UI/25/20			rent Registered Agent				
the colligations of registered agent. SIGNATURE D SIGNATURE SIGNAT	4831 NW 99TH CT						
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U00000132:345 10. OFFICERS AND DURECTORS U17/257/05-800440-008 300.00 TITLE D U17/257/05-800440-008 300.00 NMM REY, STELLA SITE ADDRESS SITE ADDRESS 7780/W 25TH ST ON-51-2P MIAMI, FL 33172 TITLE D NWE REY, MATLAS SITE ADDRESS 7780/W 25TH ST OT -51-2P MIAMI, FL 33172 TITLE D NME SITE ADDRESS OT -51-2P SITE ADDRESS OT -51-2P DO NOT WRITE ITLE Notes SITE ADDRESS OT - 51-2P TITLE Notes SITE ADDRESS OT - 51-2P TITLE Notes 12 Interby cortly that the Information supplied with this filing does not qualify for the examption stated in Section 119.07(30), Fonda Statutes. I luther certify that the information of the reactive or true proved to exampte on proved to exampte on the day to be stated on the output of the two information of the reactive or true proved to exampte on the day to be stated on the output of the day to be stated on the output of the address, with all of one of the cort of the day to be stated on the output of the output of the day to be stated on the output of the day to be stated on the output of the day day to be stated to be stated by Chapter 607, Florida Statutes, a	the obligation	ans of registered agent.	· · ·				
10. OFFICERS AND DirectOres U1725/05-80040-008 300.00 TITLE D NAME REY, STELLA STRET ADDRESS T780/WW 25TH ST DTY-57-2P MIAMI, FL 33172 TITLE D NAME REY, MATIAS STRET ADDRESS T780/WW 25TH ST OTY-57-2P MIAMI, FL 33172 TITLE D NAME REY, MATIAS STRET ADDRESS T780/WW 25TH ST OTY-57-2P MIAMI, FL 33172 TITLE MAME STRET ADDRESS DO NOT WRITE ITTLE IN THIS SPACE DO NOT WRITE IN THIS SPACE TITLE NME STRET ADDRESS GTY-57-2P TITLE THE MAKE STRET ADDRESS GTY-57-2P TITLE THE MAKE STRET ADDRESS GTY-57-2P	Fill After Ma	NOW!!! FEE IS \$150.00 In 1, 2005 Fee will be \$5			00 May Be ed to Fees	10000010	2945
NME REY, MATIAS 7780NW 25TH ST CITY-ST-2P MIAMI, FL 33172 DO NOT WRITE ITHE NME STRET ADDRESS CITY-ST-2P ITHE NAME STRET ADDRESS CITY-ST-2P ITHE Inservice on this report or 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 in difficated on this report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(I), Florida Statutes.	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REY, STELLA 7780NW 25TH ST MIAMI, FL 33172	AND DIRECTORS			1725705-80	040-008 300.00
NAME STREET ADDRESS CITY-ST-ZP TITLE WAME STREET ADDRESS CITY-ST-ZP TITLE WAME STREET ADDRESS CITY-ST-ZP TITLE WAME STREET ADDRESS CITY-ST-ZP TITLE WAME STREET ADDRESS CITY-ST-ZP TITLE WAME STREET ADDRESS CITY-ST-ZP T2 I hereby contly that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further cently that the information infocated on this report or supplemential 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 pueble empowered to excurbe 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.	NAME STREET ADDRESS CITY - ST - ZIP	REY, MATIAS 7780NW 25TH ST					
NAME INTIGS SPACE STRET ADDRESS GTY-ST-ZP TITLE NAME STRET ADDRESS GTY-ST-ZP T2L Iheroby certify that the information supplied with this filing does not qualify for the examption staled in Section 119.07(3)(f), 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 on officer or director of the corporation or the receiver or truete empowered to exacute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 1	NAME STREET ADDRESS			DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP T12. I hereby certify that the information supplied with this filling 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 function 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.	NAME STREET ADDRESS				IN TH	IS SPA	CE
 Inite WAME STREET ADDRESS CITY-ST-ZP 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 ceth; that I am an officer or director of the corporation or the receiver or trueffee 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. 	NAME STREET ADDRESS	_		En and a start	··· - <u>-</u>	<u> </u>	
	NAME STREET ADDRESS				5 ⁵ <u></u>	·	
SIGNATURE: Stend Rey 01-18-05	12. I hereby ce indicated o of the corp changed, o	ntify that the information supplied on this report or supplemental rep oration or the receiver or truetee e or on an attachment with an addre		-			r certify that the information lat I am an officer or director ars in Block 10 or Block 11 if
SIGNATURE AND TYPED OR PENTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daying Phone #	SIGNATU		OR PERITED NAME OF SIGNING OFFICER OR DIREC	114 Rey	01-1	18-05	Davine Phone 4

•