FILED
Apr 28, 2006 8:00 am
Secretary of State
04-28-2006 90156 045 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000019038

1. Entity Name: AMERICAN BEAUTY SALON CORP.

DO NOT WRITE IN THIS SPACE

40068556

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
3029 BOLLARD RD.		3029 BOLLARD RD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: W.P.B. FL.		City & State: W.P.B. FL.	
Zip: 33411	Country: U.S.A.	Zip: 33411	Country: USA.

4. FEI Number: 38-3674407 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: SERGIO CAYON

Street Address (P.O. Box Number is Not Acceptable): 3029 BOLLARD RD.

City: W.P.B. FL Zip Code: 33411

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: [signature] 4/24/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST.	TITLE	
NAME	SERGIO CAYON	NAME	
STREET ADDRESS	3029 BOLLARD RD.	STREET ADDRESS	
CITY ST ZIP	W.P.B. FL. 33411	CITY ST ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/24/06 (561)689-3135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)