2004 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 16, 2004 8:00 am Secretary of State DOCUMENT # P03000041638 1. Entity Name BINDER BEAUTY SUPPLIER INC. 05-04-2004 90140 021 ***150.00 Principal Place of Business Mailing Address 11601 SW 102 ST 11601 SW 102 ST MIAMI, FL 33176 MIAMI, FL 33176 UUIUMUUU 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282004 CR2E034 (10/03) Cha-P City & State City & State Applied For 4. FEI Number 80-010 2045 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 PACHECO, MIGUEL Street Address (P.O. Box Number is Not Acceptable) -11601-SW-102-ST= MIAMI, FL 33176 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." SIGNATURE Signature, typed or printed nur of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition TITLE D ☐ Dalete TITLE ☐ Change PACHECO, MIGUEL NAME NAME 11601 SW 102 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI; FL 33176 CITY-ST-ZIP MLE Delete THLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - \$3 - 7/P Delete MLE - Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ■ Addition TITLE TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY - ST- ZIP CITY - ST- ZIP 12. 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 trusted 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 a SIGNATURE:

FILED

Daytime Phone 4