2004 FOR PROFIT CORPORATION ... **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PR

ME OF SIGNING OFFICER OR DIRECTOR

Jul 22, 2004 8:00 am Secretary of State DOCUMENT # P03000046971 7-22-2004 90006 010 ***150.00 1. Entity Name VANITY SOLUTION, CORP. Principal Place of Business Mailing Address 3325 N.W. 79TH AVENUE 3325 N.W. 79TH AVENUE 44049393 MIAMI, FL 33122 MIAMI, FL 33122 2. Principal Place of Business 3. Mailing Address 2913 NW 82 AVENUE 2913 NW 82 AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. 07092004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For MIAMI, FL MIAMI, FL 45-0514851 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAJIGAS, RICARDO E Street Address (P.O. Box Number is Not Acceptable) 3325 N.W. 79TH AVENUE MIAMI, FL 33122 2913 NW 82 AVENUE CitMIAMI 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. 7/13/04 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 8, 2004 Added to Fees corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE D Delete TITLE X Change ☐ Addition CAJIGAS, RICARDO E NAME NAME 2913 NW 82 AVENUE STREET ADDRESS 3325 N.W. 79TH AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33122 CITY-ST-ZIP MIAMI, FL 33122 TITLE ☐ Delete TITLE Thange ☐ Addition QUOKNIANE, GILBERT NAME NAME 3325 N,W. 79TH AVENUE STREET ADDRESS STREET ADDRESS 2913 NW 82 AVENUE MIAMI, FL 33122 CITY-ST-ZIE MIAMI: FL -33122 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST - 21P CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE ☐ Addition 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED