

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000067123

Entity Name: HEALTH AND BEAUTY CLINICS, INC.

FILED
Apr 12, 2005
Secretary of State

Current Principal Place of Business:

9 SW 13TH STREET
FORT LAUDERDALE, FL 33315

New Principal Place of Business:

Current Mailing Address:

9 SW 13TH STREET
FORT LAUDERDALE, FL 33315

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, SEAN
9 SW 13TH STREET
FORT LAUDERDALE, FL 33315 US

Name and Address of New Registered Agent:

ANDREWS, TOM
9 SW 13TH STREET
FORT LAUDERDALE, FL 33315 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: TOM ANDREWS

04/12/2005

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: SD () Delete
Name: ALLIER, JEAN
Address: 9 SW 13TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: PD (X) Delete
Name: GOULET, MARC DR.
Address: 1600 SOUTH FEDERAL HWY. SUITE 820
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JEAN ALLIER

SD

04/12/2005

Electronic Signature of Signing Officer or Director

Date