2005 FOR PROFIT CORPORATION

FILED Apr 04, 2005 08:00 AM

ANNUAL REPORT					Secretary of State			
DOCUMENT # P03000087128 1. Entity Name GINA'S INTERNATIONAL HAIR REVUE, INC.				Secretary or State				
Principal Place 6248A PEM MIRAMAR, F		Mailing Address 6248A PEMBROKE RD. MIRAMAR, FL 33023						
			.					
DO NOT WRITE IN THIS SPACE			CE	03252005	No Chg-P	CR2E034 (1	,	
			~	4. FEI Numb 65-120 5. Certificate			Applied For Not Applicable 75 Additional	
	6. Name and Address of Current R	gistered Agent	γ	<u> </u>	<u> </u>	ree r	Required	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			DO NOT WRITE IN THIS SPACE					
	named entity submits this statement for litions of registered agent.	ne purpose of changing its register	t ed office or register	ed agent, or bo	oth, in the State of Flo	orida. I am familia	ar with, and accept	
SIGNATURE.	Signature, typed for printed name of registered agent and	title if applicable. (NOTE Registere	d Agent signature required	when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	ncing\$5.	.00 May Be ed to Fees					
10.	OFFICERS AND D	RECTORS	1		<u> </u>		i	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PSTD MUNOZ, GINA 6248A PEMBROKE RD. MIRAMAR, FL 33023				//00000 04/04/05	10287580 1-80075-01	9 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							į	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE		
TITLE NAME STREET ADDRESS CITY -ST-ZIP				IN.	THIS SF	PACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR