

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90070 016 ***150.00

DOCUMENT # P03000108234

1. Entity Name
K&M HAIR REVOLUTION, INC.



Principal Place of Business Mailing Address
231 S.W. 116TH AVE #108 231 S.W. 116TH AVE #108
PEMBROKE PINES, FL 33025 US PEMBROKE PINES, FL 33025 US

30027635

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|--------------------------------|---------|---------------------|---------|---|--|--------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 52-2402860 | | Applied For Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| City & State | | City & State | | 59072005 Chg-P CR2E034 (10/03) | | | |
| Zip | Country | Zip | Country | | | | |

| | | | |
|---|--|--|--|
| 8. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| EL-KHATIB, ZAHER M 231 S.W. 116TH AVE #108 PEMBROKE PINES, FL 33025 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |

3. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P EL-KHATIB, ZAHER M 231 S.W. 116TH AVE #108 PEMBROKE PINES, FL 33025 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addit |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP ALMASRI, MOHAMAD B 6030 N.W. 186ST #104 MIAMI, FL 33016 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP HASSAN, AZZAM 11956 SW 97TH STREET MIAMI FL 33186 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addit |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addit |

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; changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ZAHER M EL-KHATIB 03/06/2005 786-554.3020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #