


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000143434</b> 1. Entity Name GGV PROFESSIONAL HAIR PRODUCTS, INC.	
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Principal Place of Business 6140 EDGEWATER DRIVE, UNIT C ORLANDO, FL 32810 US	Mailing Address 6140 EDGEWATER DRIVE, UNIT C ORLANDO, FL 32810 US
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
  
MELENDEZ, MICHAEL  
20795 SW 129 PL  
MIAMI, FL 33177

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

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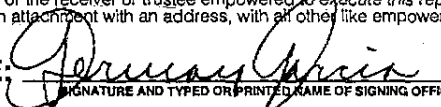
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, GERMAN 620 NORTH INDIGO ROAD ALTAMONTE SPRING, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARCIA, CARMEN 620 NORTH INDIGO ROAD ALTAMONTE SPRING, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARCIA, DOMINGO A 620 NORTH INDIGO ROAD ALTAMONTE SPRING, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARCIA, GERMIE 620 NORTH INDIGO ROAD ALTAMONTE SPRING, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000012714  
04/18/05-80045-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:  4-15-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #