

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000006428

FILED
Jan 10, 2005
Secretary of State

Entity Name: T.Y.T. EXPLOTIONS BEAUTY SALON INC.

Current Principal Place of Business:

2621 NW 54TH STREET
RENAISSANCE SHOPPING CENTER
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 442031
MIAMI, FL 33144

New Mailing Address:

FEI Number: 51-0492380

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAINZ, ANA L
12755 SW 25 TERR
MIAMI,, FL 33175 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDIR () Delete
Name: MARTINEZ, YERA MRS
Address: 19150 NW 32 AVE
City-St-Zip: MIAMI, FL 33056 US

Title: VPDI () Delete
Name: CRADFORD, TRICALE K MS
Address: 6980 NW 186 STREET APT. 528
City-St-Zip: MIAMI, FL 33015 US

Title: VPDI () Delete
Name: BROWN, LATISA V MS
Address: 17961 NE 9TH CT
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: S,TR () Delete
Name: SAINZ, ANA L
Address: 12755 SW 25 TERR
City-St-Zip: MIAMI, FL 33175 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: YERA MARTINEZ

PDIR

01/10/2005

Electronic Signature of Signing Officer or Director

Date