

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000019358

FILED
Jun 14, 2005
Secretary of State

Entity Name: IMPRESSIVE LOOK SALON & SPA, INC.

Current Principal Place of Business:

2628 NW 69TH AVE
MARGATE, FL 33063 US

New Principal Place of Business:

2916 N UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065 US

Current Mailing Address:

2628 NW 69TH AVE
MARGATE, FL 33063 US

New Mailing Address:

2916 N UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065 US

FEI Number: 20-1176917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUINTERO, LUIS O
2628 NW 69TH AVE
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

QUINTERO, LUIS O
2916 N UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065 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: LQ

06/14/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SOUZA, ALINE
Address: 2628 NW 69TH AVE
City-St-Zip: MARGATE, FL 33063 US

Title: VP () Delete
Name: QUINTERO, LUIS O
Address: 2628 NW 69TH AVE
City-St-Zip: MARGATE, FL 33063 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SOUZA, ALINE
Address: 2916 N UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: VP (X) Change () Addition
Name: QUINTERO, LUIS O
Address: 2916 N UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065 US

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: P

AS

06/14/2005

Electronic Signature of Signing Officer or Director

Date