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2005 FOR PROFIT CORPORATION ANNUAL REPORT

05-02-2005 90522 041 ***150.00
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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REINSTATEMENT 50045610 05

05012005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000028429

1. Entity Name
MASTERMIND OF BEAUTY SALON, INC.

Principal Place of Business	Mailing Address
9730SW 13 ST PEMBROKE PINES, FL 33025	9730SW 13 ST PEMBROKE PINES, FL 33025

2. Principal Place of Business: 6276 NW 186 St	3. Mailing Address: P.O Box 174064
Suite, Apt. #, etc.: #314	Suite, Apt. #, etc.
City & State: Hialeah, FL.	City & State: Hialeah Fl
Zip: 33 — Country: Miami Dade	Zip: 33017 — Country: Miami Dade

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLIAMS, FAITH 9730SW 13 ST PEMBROKE PINES, FL 33025	Name: Faith Williams Street Address (P.O. Box Number is Not Acceptable): 6276 NW 186th St #314 City: Hialeah Fl FL Zip Code: 33015

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: Faith Williams [signature] 5-1-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D WILLIAMS, FAITH 9730SW 13 ST PEMBROKE PINES, FL 33025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] 5-1-05 9542744277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

1/500

ATT: Ardy Dunlop
Secretary of STATE

In Reference to Corporation Mastermind of Beauty Salon Inc P04000028429, And Royalty Heights Apartments Inc, Royalty Heights Investment Inc. My Registred Address for These Corporation is now 6276 NW 186st #314 Hialeah Fl 33015. I did not Receive your notice In reference to this Information In the month of June Because I Move From 9730 S.W 13st Pembroke Pine Fl. Can you please up Date the Record for All Three Corporation. If you Have Any Question please Call me AT 9542744277.

FAITH Williams