2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State
04-08-2005 90058 031 ***150.00

DOCUMENT # P04000064479

1. Entity Name
PERSONAL TOUCH HAIR AND BEAUTY RETAIL, INC.

Principal Place of Business	Mailing Address
4000 PONCE DE LEON BLVD., SUITE 470 CORAL GABLES, FL 33146	4000 PONCE DE LEON BLVD., SUITE 470 CORAL GABLES, FL 33146

04052005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	307 NE 36th Ave #1
Suite, Apt. #, etc.	Suite, Apt. #, etc. #1
City & State	City & State Ocala, FL
Zip / Country	Zip 34470 / Country USA

4. FEI Number 41-2151308 ☐ 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
LILLY, JACULINE R 4000 PONCE DE LEON BLVD., SUITE 470 CORAL GABLES, FL 33146	Name Street Address (P.O. Box Number is Not Acceptable) 307 NE 36th Ave #1 City Ocala FL Zip Code 34470

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 J R Lilly — 4/5/2005
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	LILLY, JACULINE R		NAME		
STREET ADDRESS	4000 PONCE DE LEON BLVD., SUITE 470		STREET ADDRESS	307 NE 36th Ave #1	
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP	Ocala, FL 34470	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LEWIS-MILLER, GLYNN		NAME		
STREET ADDRESS	4000 PONCE DE LEON BLVD., SUITE 470		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: J. R. Lilly — 4-5-05 — 1-954-854-8897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #