

2005 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

05 JAN 11 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000086864

1. Entity Name

SECRET OF DESIGN HAIR STYLING INC.,

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 125 SE 1st Ave		3. Mailing Address same as principal	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33131	Country USA	Zip	Country

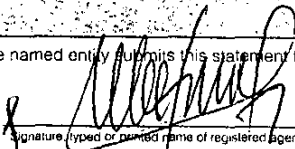
DO NOT WRITE IN THIS SPACE

05

4. FEI Number 20-1203537		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent		
Name CLARO M. ISER		
Street Address (P.O. Box Number is Not Acceptable) 125 SE 1st Ave		
City Miami	State FL	Zip Code 33131

**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.

SIGNATURE  **CLARO M. ISER** **1/6/05**

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

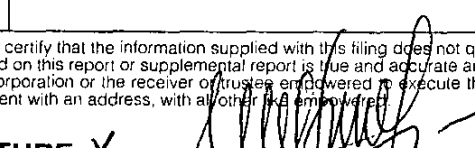
January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D ISER, CLARO M. 125 SE 1 ST Ave Miami, FL. 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300045623823 01/31/05--01009--009 **150.00
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13. 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 11 or on an attachment with an address, with all other duly empowered.

SIGNATURE:  **CLARO M. ISER** **1/6/05** **(305) 756-1407**

CR2E034B (12/01)