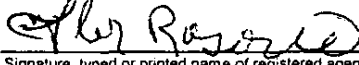



2007

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

FILED
May 30, 2007 8:00 am
Secretary of State

05-30-2007 90004 045 ***150.00

DOCUMENT # P05000003710					
1. Entity Name Flor Beauty Salon, Inc.					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 2401 N.W. 10th Ave. Suite, Apt. #, etc. Suite 307 City & State Miami, FL Zip 33127			3. Mailing Address 2401 N.W. 10th Ave. Suite, Apt. #, etc. Suite 307 City & State Miami, FL Zip 33127		
Country USA			Country USA		
4. FEI Number 20-2580641			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
DO NOT WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent	
				Name Rosario, Flor E.	
				Street Address (P.O. Box Number is Not Acceptable) 2401 N.W. 10th Ave.	
				Apt. 307 City Miami	
		FL		Zip Code 33127	
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  Flor E. Rosario <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/T/S Rosario, Flor E. 2401 N.W. 10th Ave., Apt. 307 Miami, FL 33127		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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 on an attachment with an address, with all other like empowered.					
SIGNATURE:  Flor E. Rosario 786-317-2624 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					