

**FILED**  
**Jun 28, 2007 8:00 am**  
**Secretary of State**

05-10-2007 90031 010 \*\*\*150.00

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

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DOCUMENT # <b>PS000065553</b>	
1. Entity Name <b>SANA BEAUTY SUPPLY INC.</b>	

**DO NOT WRITE IN THIS SPACE**

**66019800**

2. Principal Place of Business <b>1172 N. STATE RD 7</b> Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State <b>LAUDER HILL FL</b>		City & State	
Zip <b>33313</b>	Country <b>BROWARD</b>	Zip	Country

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>75 3190695</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <b>AHMAD MUNTASER</b>	
	Street Address <b>1020 W SUNRISE BLVD.</b>	
	City <b>FORT LAUDERDALE</b>	Zip Code <b>FL 33311</b>

8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <b>Ahmad Muntaser</b>	DATE <b>6/24/07</b>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)	

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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
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10. OFFICERS AND DIRECTORS		11.	
TITLE <b>P V P S T</b>	NAME <b>AHMAD MUNTASER</b>	TITLE	
STREET ADDRESS <b>3290 SW 139th. TERR.</b>	CITY-ST-ZIP <b>DAVIE, FL. 33330</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: <b>Ahmad Muntaser</b>	DATE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone #	