2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 30, 2007 08:00 A Secretary of State **DOCUMENT # P05000145811** 1. Entity Name R.J.'S SALON, INCORPORATED Principal Place of Business Mailing Address 12420 SW 151 ST., #116 12420 SW 151 ST., #116 MIAMI, FL 33186 MIAMI, FL 33186 CR2E034 (11/05) No Chg-P 01052007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 16-1739317 Not Applicable \$8.75 Additional 5. Certificate of Status Desired п Fee Required 5. Name and Address of Current Registered Agent JOHNSON, RONALD DO NOT WRITE 12420 SW 151 ST., #116 MIAMI, FL 33186 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PT TITLE JOHNSON, RONALD NAME STREET ADDRESS 12420 SW 151 ST., #116 MIAMI, FL 33186 CITY-ST-ZIP U000000741471 TITLE 05/15/07-80031-003 150.00 NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CHY-ST-ZIP TILLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 cath; 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

Destime Phone #