

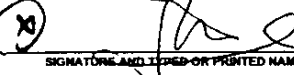


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90006 031 ***150.00

DOCUMENT # P06000037166 1. Entity Name MAYFLOWER BEAUTY SALON, INC.																													
Principal Place of Business 366 NW 153 AVE PEMBROKE PINES, FL 33028 US			Mailing Address 18999 BISCAYNE BLVD STE 205 AVENTURA, FL 33180 US																										
2. Principal Place of Business - No P.O. Box # 17765 SW 2 ST		3. Mailing Address Suite, Apt. #, etc. # 17765																											
City & State PEMBROKE PINES FL		City & State PEMBROKE PINES FL		4. FEI Number 20-4493238																									
Zip 33029		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent ZHONG, YONG HONG 366 NW 153 AVE PEMBROKE PINES, FL 33028				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 18999 BISCAYNE BLVD City AVENTURA FL Zip Code 33180																									
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  DATE 2/12/07 <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P ZHONG, YONG HONG <input type="checkbox"/> Delete</td> <td style="width:20%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>366 NW 153 AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PEMBROKE PINES, FL 33028</td> <td></td> </tr> </table>			TITLE	P ZHONG, YONG HONG <input type="checkbox"/> Delete		NAME			STREET ADDRESS	366 NW 153 AVE		CITY-ST-ZIP	PEMBROKE PINES, FL 33028		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">16212 SW 23 ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="width:20%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MIRAMAR, FL 33027</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	16212 SW 23 ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		NAME			STREET ADDRESS	MIRAMAR, FL 33027		CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing 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 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  DATE 2/12/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													