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Jun 13, 2007 8:00 am
Secretary of State

05-14-2007 90084 045 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

5/1

DOCUMENT # P06000102343

1. Entity Name
VITALIA BEAUTY EQUIPMENT, INC

66018969

04122007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
16291 NW 1 ST PEMBROKE PINES, FL 33028	16291 NW 1 ST PEMBROKE PINES, FL 33028

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2285 W 80th St	
Suite, Apt. #, etc.: Suite 2	Suite, Apt. #, etc.
City & State: Hialeah FL	City & State
Zip: 33016 Country: USA	Zip / Country

4. FEI Number: 33-1167925 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VALLE, MANUEL J JR 16291 NW 1 ST PEMBROKE PINES, FL 33028	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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] 4-29-07
Signature, type or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALLE, MANUEL J JR 16291 NW 1 ST PEMBROKE PINES, FL 33028 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition Valle, Manuel J JR 2285 W 80th St Suite 2 Hialeah FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 4-29-07 954-430-8830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #