

FROM: LAZARUS

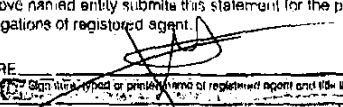
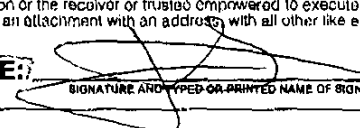
FAX NO. : 3052201440

Oct. 05 2007 11:09AM P1

**2007 FOR PROFIT CORPORATION
REINSTATEMENT****FILED**

2007 OCT 12 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000111835			
1. Entity Name HORACIO'S SALON & SPA, INC.			
2. Principal Place of Business 17901 SW 137 COURT MIAMI, FL 33177		3. Mailing Address 17901 SW 137 COURT MIAMI, FL 33177	
2. Principal Place of Business - No P.O. Box # 10441 NW 41 ST. Suite, Apt. #, etc.		3. Mailing Address 10441 NW 41 ST. Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33178 Country USA		Zip 33178 Country USA	
4. FEI Number 20-5469792		Applied For ☐ Not Applicable	
6. Certificate of Status Desired ☐		8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent FUENTES, VICTOR H 17901 SW 137 COURT MIAMI, FL 33177		7. Name and Address of New Registered Agent 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 		10/9/07	
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P. MELGAREJO, RAMON H 17901 SW 137 COURT MIAMI, FL 33177 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FUENTES, VICTOR H 14741 SW 132 COURT MIAMI, FL 33186 ☐ 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: 		Horacio R. Melgarejo 305 477-3833	

10/16/07