2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: ALTER AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCLMENT # P9200007234  1. Entity Name THE CHANGING ROOM OF OJUS, INC.								Jan 28, 2004 08:00 AM Secretary of State			
THE CHANGING ROOM OF 0303, INC.							7	•			
Principal Place of Business Malling Address							7				
19104 W. DIXIE HWY. MIAMI FL 33160				19104 W. DIXIE HWY. MIAMI FL 33160							
US US											
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt #, etc.				MOORE CR2E034 (	11/03)	-	
City & State				City & State			4.	FEI Number 65-0372602		lied For Applicable	
Zip	Country			Zip Coun		try	5.	5. Certificate of Status Desired   \$8.75 Additional Fee Required			
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name					
WILLIAM J. SEGAL, P.A.						Street Address (P.O. Box Number is Not Acceptable)					
	9 NE 164 IIAMI BEA	ST CH FL 33	162			Sireet Address (F.O. Dox Nutriber is indi Acceptable)					
						City		Zıp Code			
						<b>Γ∟</b>					
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 - Alony ) (d)											
Signature, typed or printed name offegistered agent and little if applicable. (NOTE Registered Agent signature required whon roinstating)  DATE  DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State								9. Election Campaign Financing Trust Fund Contribution.		May Be to Fees	
10.		OFFI	CERS AND DIRE	CTORS	11.		А	ADDITIONS/CHANGES TO OFFICERS AND E			
title Name	GOLD, ANTHONY D			☐ Delete		TITLE NAME		☐ Change ☐ Addition U00000016601 01/28/04-80062-018 150.00			
STREET ADDRESS	DRESS 1041 NE 88 ST					STREET ADDRESS					
CITY - ST - ZIP	N MIAMI F	L 33138				-SI-ZIP			Chagge	Addition	
TITLE NAME	D GOLD, CHRISTINE			Defete TITLE		į	☐ Change ☐ Ac		L Addition		
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TITLE NAME				☐ Delete	TITL	1			☐ Change	☐ Addition	
STREET ADDRESS	-				STR	EET ADDRESS					
CITY-ST-ZIP	noutified the state	information	maticalm. u.	Elina doce not made *		-ST-ZIP	Cooti-	n 110 07/0/(i) Elavida Diabuta I further	u that the I-	formation	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.											

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