

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P92000009395 1. Entity Name LA RUE COIFFEUR BEAUTY SALON INC.	
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FILED

05 MAY 25 11:11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA




Principal Place of Business 404 16TH ST MIAMI BEACH, FL 33139	Mailing Address 404 16TH ST MIAMI BEACH, FL 33139
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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05122005 Chg-P CR2E034 (10/03)

City & State	4. FEI Number 65-0372781
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Applied For
Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RODRIGUEZ, CARMEN
 404 16TH STREET
 MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name: **MARIA TERESA AGUILERA**
 Street Address (P.O. Box Number is Not Acceptable):
404-16th STREET
 City: **MIAMI BEACH** **FL** Zip Code: **33139**

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: MARIA TERESA AGUILERA DATE: 3/12/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is covered when consisting)

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS	
TITLE: VD NAME: RODRIGUEZ, CARMEN STREET ADDRESS: 404 16TH STREET CITY-ST-ZIP: MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Delete
TITLE: PD NAME: RODRIGUEZ, CARMEN STREET ADDRESS: 404 16TH STEET CITY-ST-ZIP: MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Delete	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Delete	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Delete	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Delete	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: VD NAME: Maria Teresa Aguilera STREET ADDRESS: 404-16th Street CITY-ST-ZIP: Miami Beach, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: Maria Teresa Aguilera STREET ADDRESS: 404-16th Street CITY-ST-ZIP: Miami Beach, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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06/09/05--01071--003 **70.00

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.

SIGNATURE: Maria Teresa Aguilera **President** Date: 5/12/05 Daytime Phone #: 786-4878786
Signature, typed or printed name of signing officer or director