


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P92000009395 1. Entity Name LA RUE COIFFEUR BEAUTY SALON INC.	
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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. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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FILED

05 AUG -4 AM 9:43

SECRETARY OF STATE
FLORIDA

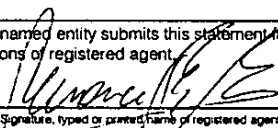


07292005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0372781	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent AGUILERA, MARIA TERESA 404 16TH STREET MIAMI BEACH, FL 33139	7. Name and Address of New Registered Agent Name Maria Eugenia biscopovich Street Address (P.O. Box Number is Not Acceptable) 404 16th Street City Miami Beach FL Zip Code 33139
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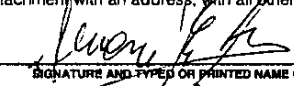
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  **Maria Eugenia Biscopovich** 08-01-2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PVD AGUILERA, MARIA TERESA	<input checked="" type="checkbox"/> Delete	TITLE	PVD Maria Eugenia Biscopovich	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	404 16TH STREET		NAME	404 16th Street	
STREET ADDRESS	MIAMI BEACH, FL 33139		STREET ADDRESS	Miami Beach Fl. 33139	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	500058485495	
STREET ADDRESS			STREET ADDRESS	08/11/05--01050--005 **61.25	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 Eugenia Biscopovich** 08/01/05 786-845-9335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

U. Webora AUG 10 2005