2004 FOR PROFIT CORPORATION

SIGNATURE:

FILED ANNUAL REPORT May 03, 2004 08:00 AM Secretary of State **DOCUMENT # P93000009732** A DR. SHAPIRO'S HAIR INSTITUTE, INC. Principal Place of Business Mailing Address 4981 W. ATLANTIC AVE. 4981 W. ATLANTIC AVE. DELRAY BEACH, FL 33445 DELRAY BEACH, FL 33445 04282004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. EEL Number 65-0143694 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHAPIRO, LAWRENCE DO NOT WRITE 4981 W. ATLANTIC AVENUE DELRAY BEACH, FL 33445 IN THIS SPACE 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, typedict privated hamolich registered agent and tale if applicable (NOTE, Registered Agent signature required when reinstating) PATE U00000153461 9. Election Campaign Financing \$5.00 May Be Added to Fees FILE NOW!!! FEE 15 \$150.00 05/04/04-80128-016 150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE SHAPIRO, LAWRENCE J. KAME STREET ADDRESS 4981 W. ATLANTIC AVE. CITY - ST - ZIP DELRAY BEACH, FL 33445 TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET MOORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CRY-ST-ZIP TITLE STREET ADDRESS CITY-ST ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP 12. I hereby certify that the information supplied with this filling 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 the and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to exactly this poort 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.

HATED NAME OF SIGNING OFFICER OR DIRECTOR