2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Apr 25, 2005 8:00 am Secretary of State DOCUMENT # P94000034270 04-25-2005 90231 046 ***150.00 HEAD TO TOE BEAUTY SUPPLY AND ART DU JOUR, INC. Principal Place of Business Mailing Address 1729 W LAS OLAS BLVD FT LAUDERDALE FL 33312 1729 W LASOLAS BLVD FT LAUDERDALE FL 33312 2. Principal Place of Business 3. Mailing Address 383 NW Nu Suite Apt. # etc 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0503924 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7*8*40 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STERN, RONALD N 1729 W LAS OLAS BLVD FT LAUDERDALE FL 33312 DEERHELD 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. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. THTLE Change TITLE ☐ Delete ☐ Addition STERN, RONALD N NAME NAME 383 NW 4155 WA 1729 W LAS OLAS BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP TITLE ☐ Delete TITLE STERN, PAULA FLEETWOO NAME NAME 383 NW 41ST WAX STREET ADDRESS 1729 W LAS OLAS BLVD STREET ADDRESS FT. LAUDERDALE FL DEERFIELD BEACH CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and the corporation of the receiver of the receiver of the corporation of the receiver of the rec

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