8. The above named entity submits this statement for the purpose of changing its registered office or regis

OFFICERS AND DIRECTORS

Signature, typed or printed name of registered agent and title if applicable

FILED Jan 15, 2008 08:00 A Secretary of State

DOCUMENT # P9500 1. Entity Name DIAZ SALON CORP.			
Principal Place of Business 48 E. FLAGLER ST.	Mailing Address 48 E. FLAGLER ST.		
SUITE 20 MIAMI, FL 33131	SUITE 20 Miami, FL 33131		
DANOTWE	RITE IN THIS SPA		01112008
DO NOT WE	THE IN THIS SPA		4. FEI Number 65-054824
	graph from the of the same of the same being the history of	Property of the second	5. Certificate of S
6. Name and Address o	f Current Registered Agent		

|--|--|--|--|--|

01112008	No Chg-P	CR2E	34 (11/05)	
			Applied For	_
65-054	18245			ble
5. Certificate	of Status Desired		\$8.75 Additional Fee Required	
DO	NOT W	'RITE		
IN:				
ed agent, or bo	oth, in the State of Flo		familiar with, and acce	∌pt
when reinstating)	1 107-10-10	DATE		
00 May Be ed to Fees				. 01
	4	RITI PACE		
	4. FEI Numb 65-054 5. Certificate DO IN ed agent, or bo	4. FEI Number 65-0548245 5. Certificate of Status Desired DO NOT W IN THIS SF and agent, or both, in the State of Fig. 1997 and May Be and to Fees DO NOT W	4. FEI Number 65-0548245 5. Certificate of Status Desired DO NOT WRITE IN THIS SPACE and agent, or both, in the State of Florida. I am when rematating) DATE 100 May Be 01/16/08-800 DO NOT WRITE 11/16/08-800 DO NOT WRITE	4. FEI Number 65-0548245 Not Applied For 65-0548245 5. Certificate of Status Desired \$8.75 Additional Fee Required IN THIS SPACE and agent, or both, in the State of Florida. I am familiar with, and accommon rematating) DATE U00000785086 01/16/08-80081-003 150.

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

(NOTE, Registered Agent signature requ

9. Election Campaign Financing Trust Fund Contribution.

SIGNATURE:

DIAZ, RIGOBERTO 48 E. FLAGLER ST.

the obligations of registered agent.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

DIAZ, RIGOBERTO

2940 SW 141 CT

MIAMI, FL 33175

SUITE 20 MIAMI, FL 33131

SIGNATURE.

10. TITLE

NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR