UPIT 2006 FOR PROFIT CORPORAT	ON STATE	FILED May 01, 2006 8:00 am	
DOCUMENT # P9700061488 1/LENTITY Name SAS G BEAUTY SUPPLY, INC. STREET DOMES CITY 7 1/4 2		Secretary of State 05-01-2006 90403 020 ***150.00	
Mailing Address Mailing Address Mailing Address Mailing Address 4810 E. BUSCH BLVD. #A TAMPA, FL 33617 TAMPA, FL 33617			
DO NOT WRITE IN THIS SP	-	04212006 No Chg-P CR2E034-(11/05) 4. FETNumber 59-3457234 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COVINGTON, SUNG S 4810 E. BUSCH BLVD. #A TAMPA, FL 33617		DO NOT WRITE 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, typed or printed name of registered agent and title 4 applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10. OFFICERS AND DIRECTORS TITLE D NAME COVINGTON, SUNG S STREET ADDRESS 4810 E. BUSCH BLVD. #A CITY-ST-ZIP TAMPA, FL 33617			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE			
NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS LITY-ST-ZIP			
TILE NAME STREET ADDRESS CITY-ST-ZIP			
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.			
SIGNATURE:SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR CO	HRECTOR	04-24-06 Date Daytime Phone #	