2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

Feb 26, 2005 08:00 AM Secretary of State Fib 26, 2005 08:00 AM Secretar						7 FILED		
Principal Pace of Guariness 1. Mailing Address 14.45 YAMATO ROAD BOCA RATON FL 33422 2. Principal Pace of Guariness 3. Mailing Address Suite, April 4, etc. Chy 5 State Chy 5 State Chy 6 State Chy 7 State	DOCUMENT # P97000107505 1. Entity Name							
ALAY YAMATO BOAD BOCA RATON FL 33432 BOCA RATON FL 33431 BOCA RATON FL 33432 B	C'ONELL	E SALON, INC.	•			Secretary of Stat	C	
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HRAWG CORP 1901N MILITARY TRAIL STEE 200 BCOA RATON FL 33431 The above named entity submits this statement for the purpose of changing his registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the delignations of registered agent, or both, in the State of Florida. I am familiar with, and accept the delignations of registered agent, or both, in the State of Florida. I am familiar with, and accept the delignations of registered agent, or both, in the State of Florida. I am familiar with, and accept the delignations of registered agent, or both, in the State of Florida. I am familiar with, and accept the delignations of registered agent, or both, in the State of Florida. I am familiar with, and accept the delignations of registered agent, or both, in the State of Florida. I am familiar with, and accept the delignations of registered agent, or both, in the State of Florida. I am familiar with, and accept the delignations of registered agent, or both, in the State of Florida. I am familiar with, and accept the delignations of registered agent, or both, in the State of Florida. I am familiar with, and accept the delignations of registered agent, or both, in the State of Florida. I am familiar with, and accept the delignations of registered agent, or both, in the State of Florida. I am familiar with, and accept the delignations of registered agent, or both, in the State of Florida. I am familiar with, and accept the delignations of registered agent, or both, in the State of Florida. I am familiar with, and accept the delignations of registered agent, or both, in the State of Florida. I am familiar with, and accept the delignations of registered agent, or both, in the State of Florida. I am familiar with, and accept the delignations of registered agent, or both, in the State of Florida. I am familiar with, and accept the delignations of registered agent, or both, in the State of Florida. I am familiar with, and accept the delignations of registered agent, are registere	Zip Country		Zip	Zip Country			ional	
HRAMG CORP 1801N MILITARY TRAIL STE 200 BOCA RATON FL 33431 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the following agent and accept the familiar with and accept the familiar accept agent accept a		6. Name and Address of Curren	Registered Agent	· · · · · · · · · · · · · · · · · · ·		7. Name and Address of New Registered Agent		
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