2005 FOR PROFIT CORPORATION

FILED Jul 13, 2005 8:00 am Secretary of State

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DOCUMENT # P98000023618 1. Entity Name TANGLEZ TO CURLZ SALON, INC.				07-13-200	05 90014 023	3 ***150).00
Principal Place of Business	Mailing Address						
16864 HWY 441	16864 HWY 441			2000	2000		
MT. DORA, FL 32757	MT. DORA, FL 32757			20063	3423		
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2. Principal Place of Business	3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.		07062005	Chg-P	CR2E034		
City & State	City & State		4. FEI Numbe 59-349) - + - · · ·	plied For t Applicable
Zip Country	Zip	Country		of Status Desired		3.75 Add	itional
6. Name and Address of Current	t Registered Agent		7. Name and	Address of Nev	v Registered Age		
		Name					
EVANS, BEVERLY C 16864 HWY 441 MOUNT DORA, FL 32757		Street Address		(P.O. Box Number is Not Acceptable)			
MOGNI BORA, PL 32/3/							
		City			FL	Zip Code	,
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The above named entity submits this statement fithe obligations of registered agent.	or the purpose of changing its	registered office or re	egistered agent, or bot	h, in the State of	1	niliar with, a	and accept
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		registered office or re		h, in the State of	1	niliar with,	and accept
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12. I hereby certify that the information supplied with this filing 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 inustee 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, witball other like empowered.

SIGNATURE:

SIGNATURE AND WED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

Description 1.9.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 1.9.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report as if made under oath; that I am an officer or director of the corporation or the receiver or instee 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, witball other like empowered.

SIGNATURE Description or the receiver or instee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the corporation of the receiver or instead of the receiver