200	2 UNIFO	RM BUSI	NESS REPO	RT (U	BR)	- FILED Aug 19, 2002 8:00 ε	am <sup>3</sup>
DOCU		P98000	0059982			Aug 19, 2002 8:00 a	
SLAVES	OF BEAUTY S	SALON, INC.				08-19-2002 90154 008 ***150.00	2
901 PROGRE #5	ce of Business SS DR ERDALE FL 33304		Mailing Address 901 PROGRESS DR #5 FORT LAUDERDALE FL 33	3304		1 MANUAL KA KANA ANKA ANYA ANYA ANAL KANA ANYA KANA KANA KANA KANA	1901
2. Principal I 50 Suite, Apt	Place of Business		3. Malling Address Save a S Suite, Apt. #, etc.	abo	<u>v</u> e	DO NOT WRITE IN THIS SPACE	
City & Sta	te		City & State		4.	FEI Number or opcoped	or
Zip	Cou	ntry	Zip	Country		Not Applic	able
<u> </u>	6. Name and A	ddress of Current Re	gistered Agent			Certificate of Status Desired Name and Address of New Registered Agent	
	dez, luis c Gress dr			Nam Stree		Box Number is Not Acceptable)	
Fort La	UDERDALE FL-33	•	-	City		FL Zip Code	_
<ol> <li>The above the obligation</li> </ol>	e named entity subm tions of registered ag	its this statement for th gent.	e purpose of changing its	registered offic	e or registered ag	gent, or both, in the State of Florida. ∃am familiar with, and acc	ept
SIGNATURE	Signature; typed or printed	name of registered agent and	title if applicable. (NOTE	: Registered Agent si	gnature required when re	reinstating) DATE	
Tax filing	oration is eligible to s requirement and elec ria on back)		FILE NOW!! After September 13, Make Check Payab	2002 Fee wi	ll be \$750.00	10. Election Campaign Financing       \$5.00 May I         Trust Fund Contribution.       Added to Fees	
11. TITLE	PTD	OFFICERS AND DIF	****	12.	AC	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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SIGNAT		TURE AND TYPED OR PRINT	ED NAME OF SIGNING OFFICER OF			8 11 102 454-779349 Date Daytime Phone #	19

Uniform Business Report Division of Corporations Mrs. Katherine Harris Secretary of State

To whom it may concern:

The reason for my letter is to notify your offices that I had indeed sent my renewal (annual report) in the month of February of the current year. I am enclosing a copy of the form, and check I sent. I apologize for this inconvenience but postal service has a lot to be desired from. I am reissuing the check for 150.00 dollars and expect understanding from your part in this matter.

attackment #P98,000059982

75211

Sincerely, Cernande Luis Hernandez

LAVES' OF BEAUTY SALON, INC.	2002 U OCUMEI Entity Name	NT # ( <b>P9800</b> (	0059982	)	- - -		$a1^{\circ}$	301	
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	Principal Place of	Business	23@msn.com	Q			<b>XXD</b> AISS		
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Zip       Count       C	City & State							1570	
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City			34,00,2,60,2			umber is Not A	cceptable)	•	•
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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, SNATURE  Segment, upside pender are of registered agent and that registered agent are based office or registered agent, or both, in the State of Florida, SNATURE  Segment, upside pender are of registered agent and that registered agent are usual are necessary.  State concerns to all option to selligible to satisfy its Intangable After Maxy 12002 free will be \$55000 gent  CPFICERS AND DIRECTORS  I2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  FERNANDEZ, LUIS C SITEM ADDERDALE FL 33304  CIT-ST-2P  SVD COMBRA, SONIA 2072 NW 55 AVE, 2D STREF ADDRESS SITEM AUDERDALE FL 33313  CIT-ST-2P  E E COMBRA, SONIA SITEM ADDRESS CIT-ST-2P  E E COMBRA, SONIA SITEM ADDRESS CIT-ST-2P  E E COMBRA, SONIA SITEM AUDERDALE FL 33313  CIT-ST-2P  E E COMBRA, SONIA SITEM AUDERDALE FL 33313  CIT-ST-2P  E E COMBRA, SONIA SITEM AUDERDALE FL 33313  CIT-ST-2P  E COMBRA, SONIA SITEM AUDERDALE FL 3000 SITEM AUDERDALE SITEM AUDERDAL		ALE FL 33304		City	<b>.</b> .		• • • •	Zip Cod	e
INATURE		antitu submits this statement for	the number of changing its	registered office or	registered agent of	r both in the S			
Signature, types or printed name of registrant agent and the integritable     (Proof Registrant Agent Equation House and minimizing)     DATE       This corporation is eligible to satisfy its Intangible (See criteria on back)     Affect May: 12002 Fee; Will be SS50.000 Fee; Will be SS5	The above named	entity submits this statement for	the purpose of changing its	registered onice of	iegistereti agent, t	n oota, in the c			
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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	Signature This corporation Tax filing required (See criteria on b E E AE E AE E TADDRESS Y-ST-ZIP E AE EET ADDRESS Y-ST-ZIP E AE EET ADDRESS Y-ST-ZIP	s eligible to satisfy its Intangible nent and elects to do so. ack) OFFICERS AND C IANDEZ, LUIS C PROGRESS DR #5 LAUDERDALE FL 33304 BRA, SONIA NW 55 AVE, 2D	FILE NOW I After May-1 20 Make Check Payer DIRECTORS	III: FEEAISIS150.         02: Fee Will boiss         12:         TITLE         NAME         STREET ADORESS         CITY-ST-ZIP         TITLE         NAME         STREET ADORESS         CITY	00) 50000 (of/State)	Election Can Trust Fund C	ipaign Financing ontribution	S 5.0 Addec	t to Fees S IN 11 Addition Addition Addition Addition Addition