2004 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Mar 26, 2004 08:00 AM DOCUMENT # P99000073198 **Secretary of State** t. Entity Name KENIA'S UNIXE BEAUTY SALON INC. Principal Place of Business Mailing Address 1615 NE 163 STREET 1615 NE 163 STREET N MIAMI, FL 33162 N MIAMI, FL 33162 CR2E034 (10/03) 01202004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0948109 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BLANCO, KENIA 535 NW 116TH TERR. DO NOT WRITE MIAMI, FL 33162 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. (NOTE, Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May 8e FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. चाम ह BLANCO, KENIA 535 NW 116TH ST. STREET ADDRESS. CITY-ST-ZIP MIAMI, FL 33132 3333 F NAME U00000096865 03/26/04-80015-013 150.00 STREET ADDRESS CITY-ST-ZIP THE STREET ACCRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE राक्त ह NAME STREET ADDRESS City-St-Zip TELLE NAME STREET ADDRESS CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not quality 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 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:

TITLE NAME STREET ADDRESS CITY-ST-78