



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River St.
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00*

* In accordance with R.I.G.L. 7-1.2-1501(c), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 141032		2. Name of Corporation DE CLASICOS HAIR SALON INC.									
3. Street Address Principal Business Office 316 Cranston ST		City PROVIDENCE		State RHODE ISLAND		Zip 02907					
4. Business Phone No. 401-359-0976		5. State of Incorporation RHODE ISLAND									
6. Brief Description of the Character of Business Conducted in Rhode Island ENGAGE IN THE BUSINESS OF HAIR CUT, STYLING											
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS											
President Name JHOEL CUELLO			Vice President Name EDGAR PEREZ								
Street Address 316 CRANSTON STREET			Street Address 316 CRANSTON STREET								
City PROVIDENCE		State RI		City PROVIDENCE		State RI		Zip 02907			
Secretary Name			Treasurer Name								
Street Address			Street Address								
City		State		City		State		Zip			
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS											
Director Name JHOEL CUELLO			Director Name EDGAR PEREZ								
Street Address 316 CRANSTON STREET			Street Address 316 CRANSTON ST								
City PROVIDENCE		State RI		City PROVIDENCE		State RI		Zip 02907			
Director Name			Director Name								
Street Address			Street Address								
City		State		City		State		Zip			
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES			ISSUED SHARES								
Number of Shares		Class/Series		Par Value		Number of Shares		Class/Series		Par Value	
100 NO PER VALUE						100		COMON		NO PER VALUE	

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date 11/20/06
Check No. NOV 02 2006
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature [Signature] Date 10/30/06
Print or Type Name Jhoel Cuello
Title President