

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G29125

FILED
Apr 25, 2008
Secretary of State

Entity Name: MAGGIE'S BEAUTY SHOP, INC.

Current Principal Place of Business:

7764 A N.W. 44TH STREET
SUNRISE, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

7764 A NW 44TH ST
SUNRISE, FL 33351 US

New Mailing Address:

7702 NW 60 STREET
TAMARAC, FL 33321 US

FEI Number: 59-2263130 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CAPELES, MEDELICIA
7702 N.W. 60 STREET
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CAPELES, MEDELICIA
Address: 7702 N.W. 60 STREET
City-St-Zip: TAMARAC, FL 33321

Title: P (X) Delete
Name: CAPELES, MEDELICIA
Address: 7764 A NW 66 ST
City-St-Zip: FORT LAUDERDALE, FL 33351

Title: P (X) Delete
Name: CAPELES, MEDELICIA
Address: 7764 A NW 444 ST
City-St-Zip: FORT LAUDERDALE, FL 33321

Title: P (X) Delete
Name: CAPELES, MEDELICIA
Address: 7764 A NW 445 ST
City-St-Zip: FORT LAUDERDALE, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CAPELES, MEDELICIA
Address: 7702 N.W. 60 STREET
City-St-Zip: TAMARAC, FL 33321

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MEDELICIA CAPELES

PRES

04/25/2008

Electronic Signature of Signing Officer or Director

_____ Date