

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90022 011 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000022597			
1. Entity Name AMALIA BEAUTY SALON & SUPPLY CORP.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 5233 NW 79th AVE		3. Mailing Address 5603 NW 112 PL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DORAL, FL		City & State DORAL, FLORIDA	
4. FEI Number 75-3019984		Applied For ☐ Not Applicable	
Zip 33166 Country USA		Zip 33178 Country USA	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name LUISA PENISGA			
Street Address (P.O. Box Number is Not Acceptable) 5603 NW 112 PL			
City DORAL State FL Zip Code 33178			
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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when re-appointing)			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE	VD		
NAME	AMALIA GUERREIRO		
STREET ADDRESS	5603 NW 112 PL		
CITY-STATE-ZIP	DORAL, FLORIDA 33178		
TITLE	PD		
NAME	LUISA PENISGA		
STREET ADDRESS	5603 NW 112 PL		
CITY-STATE-ZIP	DORAL, FLORIDA 33178		
TITLE			
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Amalia Guerreiro</i>		4/23/08 305-482-0222	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Office Phone #	