

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000065390

FILED
Mar 30, 2009
Secretary of State

Entity Name: SUNITA BEAUTY CENTER, INC.

Current Principal Place of Business:

8057 W. OAKLAND PARK BLVD.
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

744 CUMBERLAND TERRACE
DAVIE, FL 33325

New Mailing Address:

8057 W. OAKLAND PARK BLVD.
SUNRISE, FL 33351

FEI Number: 55-0838667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATHAVAN, SUNITA
744 CUMBERLAND TERRACE
DAVIE, FL 33325 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: D () Delete
Name: MATHAVAN, SUNITA
Address: 744 CUMBERLAND TERRACE
City-St-Zip: DAVIE, FL 33325

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
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City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D () Change (X) Addition
Name: MATHAVAN, PARAMVIR
Address: 744 CUMBERLAND TERRACE
City-St-Zip: DAVIE, FL 33325

Title: D () Change (X) Addition
Name: MATHAVAN, SUNITA
Address: 744 CUMBERLAND TERRACE
City-St-Zip: DAVIE, FL 33325

Title: D () Change (X) Addition
Name: MATHAVAN, SUNITA
Address: 744 CUMBERLAND TERRACE
City-St-Zip: DAVIE, FL 33325

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Name: MATHAVAN, SUNITA
Address: 744 CUMBERLAND TERRACE
City-St-Zip: DAVIE, FL 33325

Title: D () Change (X) Addition
Name: MATHAVAN, SUNITA
Address: 744 CUMBERLAND TERRACE
City-St-Zip: DAVIE, FL 33325

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: PARAMVIR MATHAVAN

D

03/30/2009

Electronic Signature of Signing Officer or Director

_____ Date