2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 03, 2008
Secretary of State

DOCUMENT# P04000006428

Entity Name: T.Y.T. EXPLOTIONS BEAUTY SALON INC.

Current Principal Place of Business:

2621 NW 54TH STREET
RENAISSANCE SHOPPING CENTER
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 442031
MIAMI, FL 33144

New Mailing Address:

FEI Number: 51-0492380 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTINEZ THOMAS, YERA
12755 SW 25 TERR
MIAMI,, FL 33175 US

Name and Address of New Registered Agent:

CRADFORD, TRICALE K MS
6980 NW 186TH STREET
APT# 528
MIAMI, FL 33015 US

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: TRICALE CRADFORD 11/03/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PDIR ( ) Delete
Name: MARTINEZ THOMAS, YERA MRS
Address: 12755 SW 25 TERR
City-St-Zip: MIAMI, FL 33175 US

Title: VPDI ( ) Delete
Name: CRADFORD, TRICALE K MS
Address: 6980 NW 186 STREET APT. 528
City-St-Zip: MIAMI, FL 33015 US

Title: VPDI ( ) Delete
Name: BROWN, LATISA V MS
Address: 17961 NE 9TH CT
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: S,TR ( ) Delete
Name: SAINZ, ANA L
Address: 12755 SW 25 TERR
City-St-Zip: MIAMI, FL 33175 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDIR (X) Change ( ) Addition
Name: CRADFORD, TRICALE K MS
Address: 6980 NW 186TH STREET APT# 528
City-St-Zip: MIAMI, FL 33015 US

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

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

Title: S,TR (X) Change ( ) Addition
Name: BROWN, LATISA V MS
Address: 17961 NE 9TH CT
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

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: TRICALE CRADFORD VPDI 11/03/2008
Electronic Signature of Signing Officer or Director Date