

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000141586

Entity Name: NORTH MIAMI WAXING INC.

FILED
Jan 08, 2007
Secretary of State

Current Principal Place of Business:

14671 BISCAYNE BLVD
NORTH MIAMI BEACH, FL 33181

New Principal Place of Business:

Current Mailing Address:

14671 BISCAYNE BLVD
NORTH MIAMI BEACH, FL 33180

New Mailing Address:

FEI Number: 20-1755564

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTILLO, GABRIEL
3201 N.E. 183RD STREET #1806
AVENTURA, FL 33160 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: DP () Delete
Name: GRUPENMAGER, NOEMI
Address: 16711 COLLINS AVE #1501
City-St-Zip: SONNY ISLES, FL 33160

Title: DV () Delete
Name: SZPERLING, ROMINA
Address: 3201 NE 183RD STREET #1806
City-St-Zip: AVENTURA, FL 33160

Title: DT () Delete
Name: SZPERLING, VANESA
Address: 16711 COLLINS AVE #1501
City-St-Zip: SONNY ISLES, FL 33160

Title: DS () Delete
Name: CASTILLO, GABRIEL
Address: 3201 N.E. 183RD STREET #1806
City-St-Zip: AVENTURA, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: GABRIEL CASTILLO

DIRE

01/08/2007

Electronic Signature of Signing Officer or Director

_____ Date