


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

05-16-2008 90015 032 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000141586 1. Entity Name NORTH MIAMI WAXING INC.			
Principal Place of Business 14671 BISCAYNE BLVD NORTH MIAMI BEACH, FL 33181		Mailing Address 14671 BISCAYNE BLVD NORTH MIAMI BEACH, FL 33180	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 20-1755564		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASTILLO, GABRIEL 3201 N.E. 183RD STREET #1806 AVENTURA, FL 33160		7. Name and Address of New Registered Agent Name <u>Noemi Grupenmager</u> Street Address (P.O. Box Number is Not Acceptable) <u>18911 Collins Avenue #1707</u> City <u>Sunny Isles</u> FL Zip Code <u>33160</u>	
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: <u><i>Noemi Grupenmager</i></u> <u>NOEMI GRUPENMAGER</u> <u>5/12/08</u> <small>Signature typed or printed name of registered agent and if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRUPENMAGER, NOEMI 16711 COLLINS AVE #1501 SONNY ISLES, FL 33160	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SZPERLING, ROMINA 3201 NE 183RD STREET #1806 AVENTURA, FL 33160	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SZPERLING, VANESA 16711 COLLINS AVE #1501 SONNY ISLES, FL 33160	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CASTILLO, GABRIEL 3201 N.E. 183RD STREET #1806 AVENTURA, FL 33160	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Noemi Grupenmager</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>5/12/08</u> <small>Date</small>	<u>(305) 949-9294</u> <small>Daytime Phone #</small>

Noemi Grupenmager

ATTACHMENT

May 12, 2008

40102969
P04000141586

Devona Reynolds
North Miami Waxing,
Inc.
14671 Biscayne Blvd.
NMB, FL 33180

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: 2008 Annual Report for North Miami Waxing, Inc.

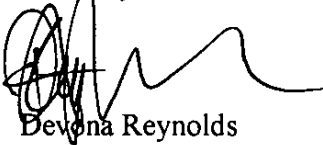
Dear Sir/Madam:

Please find enclosed the completed form and fee of \$150.00 to update our company's information. The ~~principal place of business~~ and mailing address has changed.

Registered Agent

Please let me know if you have any additional questions.

Sincerely,



Devona Reynolds
Paralegal for North Miami Waxing, Inc.

Encls.