

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000141586

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: NORTH MIAMI WAXING INC.

**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:**

GRUPENMAGER, NOEMI  
3363 NE 163RD STREET, SUIUTE 801  
NORTH MIAMI BEACH, 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: 18911 COLLINS AVE # 1707  
City-St-Zip: SUNNY 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 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: NOEMI GRUPENMAGER

DP

04/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date