

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000075457

FILED
Apr 30, 2008
Secretary of State

Entity Name: SPECIALIZED BEAUTY CENTER CORP.

Current Principal Place of Business:

425 E. VINE ST.
KISSIMMEE, FL 34744

New Principal Place of Business:

3301 W. OAK STREET
KISSIMMEE, FL 34741

Current Mailing Address:

1005 EIFFEL LANE
KISSIMMEE, FL 34753

New Mailing Address:

2556 CHAPALA DR
KISSIMMEE, FL 34746

FEI Number: 26-0438365

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

L.L. PROFESSIONAL SERVICES INC
7661 CURRENCY DRIVE
ORLANDO, FL 32809 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: P () Delete
Name: ALVAREZ, AMADO
Address: 1005 EIFFEL LANE
City-St-Zip: KISSIMMEE, FL 34759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALVAREZ, AMADO
Address: 2556 CHAPALA DR
City-St-Zip: KISSIMMEE, FL 34741

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: AMADO ALVAREZ

SR

04/30/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date