

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000075457

FILED  
Apr 04, 2011  
Secretary of State

**Entity Name:** SPECIALIZED BEAUTY CENTER CORP.

**Current Principal Place of Business:**

2917 N MICHIGAN AVE  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

**Current Mailing Address:**

3300 SWEET JAFFA DRIVE  
KISSIMMEE, FL 34746

**New Mailing Address:**

2917 N MICHIGAN AVE  
KISSIMMEE, FL 34744

FEI Number: 26-0438365

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALVAREZ, AMADO  
2917 N MICHIGAN AVE  
KISSIMMEE, FL 34744 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ALVAREZ, AMADO  
Address: 3300 SWEET JAFFA DRIVE  
City-St-Zip: KISSIMMEE, FL 34746

Title: VP  
Name: VEGA-RUIZ, AIDA L  
Address: 2385 BREWERTON LANE  
City-St-Zip: ORLANDO, FL 32824

Title: O  
Name: JUSNO, STEVEN  
Address: 3300 SWEET JAFFA DR.  
City-St-Zip: KISSIMMEE, FL 34746

I hereby 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 all other like empowered.

SIGNATURE: AMADO ALVAREZ

P

04/04/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date