

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000037200

FILED
Apr 29, 2009
Secretary of State

Entity Name: BELIEVE BEAUTY SALON INC

Current Principal Place of Business:

4206 DEL PRADO S
CAPE CORAL, FL 33904 LE

New Principal Place of Business:

909 SE 47TH TERR
104
CAPE CORAL, FL 33904 LE

Current Mailing Address:

4206 DEL PRADO S
CAPE CORAL, FL 33904 LE

New Mailing Address:

909 SE 47TH TERR
104
CAPE CORAL, FL 33904 LE

FEI Number: 26-2380775

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUINONES, JOSE L
4206 DEL PRADO S
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

QUINONES, JOSE L
909 SE 47TH TERR
104
CAPE CORAL, FL 33904 US

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:

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: QUINONES, JOSE L
Address: 245 AVE SAN MARCOS
City-St-Zip: CAROLINA, PR 00982

Title: VP () Delete
Name: ORTEGA, OLGA
Address: 245 AVE SAN MARCOS
City-St-Zip: CAROLINA, PR 00982

Title: SH (X) Delete
Name: DIAZ, JANICE
Address: 4206 DEL PRADO S
City-St-Zip: CAPE CORAL, FL 33904 LE

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:

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: OLGA ORTEGA

VP

04/29/2009

Electronic Signature of Signing Officer or Director

Date