2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P08000085944

Entity Name: EL MEXICANO BODY SHOP, INC.

Current Principal Place of Business:

9605 NW 79 AVENUE
BAY 40
HIALEAH GARDENS, FL 33016 US

New Principal Place of Business:

Current Mailing Address:

9605 NW 79 AVENUE
BAY 40
HIALEAH GARDENS, FL 33016 US

New Mailing Address:

FEI Number: 90-0414727 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLIN HERNANDEZ, ARMANDO
17930 NW 67 AVE
#A
HIALEAH, FL 33015 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: PD ( ) Delete
Name: COLIN HERNANDEZ, ARMANDO
Address: 17930 NW 67 AVE - #A
City-St-Zip: HIALEAH, FL 33015 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S ( ) Change (X) Addition
Name: PEREZ, MARIA E
Address: 17930 NW 67 AVE - #A
City-St-Zip: HIALEAH, FL 33015 US

Title: VP ( ) Change (X) Addition
Name: COLIN, MARIA E
Address: 17930 NW 67 AVE - #A
City-St-Zip: HIALEAH, FL 33015 US

Title: MGR ( ) Change (X) Addition
Name: COLIN, NORBERTO
Address: 17930 NW 67 AVE - #A
City-St-Zip: HIALEAH, FL 33015 US

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: ARMANDO COLIN HERNANDEZ PD 04/30/2009

Electronic Signature of Signing Officer or Director Date