

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000098799

FILED
Jan 20, 2009
Secretary of State

Entity Name: SECRET OF BEAUTY SALON COMPANY

Current Principal Place of Business:

738 BLUFORD BLVD
OCOOEE, FL 34761 US

New Principal Place of Business:

Current Mailing Address:

738 BLUFORD BLVD
OCOOEE, FL 34761 US

New Mailing Address:

FEI Number: 26-3660343 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEDEZMA, IRMA
12952 GROVEHURST AVENUE
WINTER GARDEN, FL 34787 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: LEDEZMA, IRMA
Address: 12952 GROVEHURST AVENUE
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: VTD () Delete
Name: ISIDRO, EVA
Address: 3439 CRYSTAL STREET
City-St-Zip: GOTH A, FL 34734 US

Title: S (X) Delete
Name: RIVERA, NEREIDA
Address: 9862 STONEHOLLOW CT
City-St-Zip: ORLANDO, FL 32832 US

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: IRMA LEDEZMA

_____ Electronic Signature of Signing Officer or Director

P

01/20/2009

_____ Date