

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000092972

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Entity Name:** XTREME BEAUTY SALON INC

**Current Principal Place of Business:**

10220 SW 215TH ST  
CUTLER BAY, FL 33189 US

**New Principal Place of Business:**

18901 SW 106 AVE  
A 110  
CUTLER BAY, FL 33157 US

**Current Mailing Address:**

10220 SW 215TH ST  
CUTLER BAY, FL 33189 US

**New Mailing Address:**

**FEI Number:** 27-3965557      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ROJAS, ROBERTO  
10220 SW 215TH ST  
CUTLER BAY, FL 33189 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:** ROJAS, ROBERTO  
**Address:** 10220 SW 215TH ST  
**City-St-Zip:** CUTLER BAY, FL 33189 US

**Title:** VP  
**Name:** ECHEMENDIA, MILEIDY  
**Address:** 10220 SW 215TH ST  
**City-St-Zip:** CUTLER BAY, FL 33189 US

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: ROBERTO ROJAS

P

02/23/2011

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

\_\_\_\_\_  
Date