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May 16, 2008 8:00 am
Secretary of State
05-16-2008 90022 011 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000022597

1. Entity Name
AMALIA BEAUTY SALON & SUPPLY CORP.

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40103340

2. Principal Place of Business	3. Mailing Address
5233 NW 79th AVE	5603 NW 112 PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DORAL, FL	City & State: DORAL, FLORIDA
Zip: 33166 Country: USA	Zip: 33178 Country: USA

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4. FEI Number 75-3019984 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: LUISA PENISGA

Street Address (P.O. Box Number is Not Acceptable): 5603 NW 112 PL

City: DORAL FL Zip Code: 33178

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	AMALIA GUERREIRO
STREET ADDRESS	5603 NW 112 PL
CITY-ST-ZIP	DORAL, FLORIDA 33178
TITLE	PD
NAME	LUISA PENISGA
STREET ADDRESS	5603 NW 112 PL
CITY-ST-ZIP	DORAL, FLORIDA 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Amalia Guerreiro 4/23/08 305-482-0222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #