

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P06000130599

1. Entity Name
D'MAGAZINE SALON & SPA INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 APR 23 AM 11:18



04192008 Chg-P CR2E034 (12/06)

Principal Place of Business 2118 SENATE AVE ST.CLOUD, FL 34769		Mailing Address 2118 SENATE AVE ST.CLOUD, FL 34769	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number APPLIED FOR		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RIVERA, JUAN P 2118 SENATE AVE ST. CLOUD, FL 34769		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: _____ (NOTE: Registered Agent signature required when renewing) DATE: _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIVERA, JUAN P 2118 SENATE AVE ST. CLOUD, FL 34769 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100128777251 05/07/08--01041--017 **70.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CONDE, LUIS 2118 SENATE AVE ST. CLOUD, FL 34769 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Conde Luis 2118 Senate Ave St. Cloud FL 34769 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HIGINIO, GRETA PO BOX 690491 ORLANDO, FL 32869 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Juan U. Santiago Roldos 2118 Senate Ave ST. CLOUD FL 34769 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 4/23/08 ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: 4.21.08 Daytime Phone # _____