2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2009
Secretary of State

DOCUMENT# P08000047921

Entity Name: ALL NATION HAIR & BEAUTY SUPPLIES INC

Current Principal Place of Business:

4987 GOLDEN GATE PKWY
NAPLES, FL 34116

New Principal Place of Business:

4975 GOLDEN GATE PKWY
NAPLES, FL 34116

Current Mailing Address:

4987 GOLDEN GATE PKWY
NAPLES, FL 34116

New Mailing Address:

4975 GOLDEN GATE PKWY
NAPLES, FL 34116

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FAUSTIN, ERINEL
4987 GOLDEN GATE PARKWAY
NAPLES, FL 34116 US

Name and Address of New Registered Agent:

FAUSTIN, ERINEL
4975 GOLDEN GATE PARKWAY
NAPLES, FL 34116 US

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: ERINEL FAUSTIN 08/13/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: FAUSTIN, ERINEL
Address: 4987 GOLDEN GATE PARKWAY
City-St-Zip: NAPLES, FL 34116

Title: VP ( ) Delete
Name: ISLYDE, HYACINTHE
Address: 4987 GOLDEN GATE PARKWAY
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: FAUSTIN, ERINEL
Address: 4975 GOLDEN GATE PARKWAY
City-St-Zip: NAPLES, FL 34116

Title: VP (X) Change ( ) Addition
Name: ISLYDE, HYACINTHE
Address: 4975 GOLDEN GATE PARKWAY
City-St-Zip: NAPLES, FL 34116

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: ERINEL FAUSTIN PR 08/13/2009
Electronic Signature of Signing Officer or Director Date