

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 479528

FILED
Mar 24, 2009
Secretary of State

Entity Name: ALINE'S COIFFURES, INCORPORATED

Current Principal Place of Business:

315 WILLIAMS AVENUE
PORT ST JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

315 WILLIAMS AVENUE
PORT ST JOE, FL 32456

New Mailing Address:

FEI Number: 59-1623566

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABRAMS, ALINE
1106 MONUMENT AVENUE
PORT ST JOE, FL 32456 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: PD () Delete
Name: ABRAMS, ALINE
Address: 315 WILLIAMS AVE
City-St-Zip: PORT ST JOE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ABRAMS, ALINE
Address: 315 WILLIAMS AVE
City-St-Zip: PORT ST JOE, FL 32408

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: ALINE ABRAMS

DIR

03/24/2009

Electronic Signature of Signing Officer or Director

Date