

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731417

FILED
Feb 16, 2007
Secretary of State

Entity Name: FLORIDA COSMETOLOGY SCHOOLS ASSOCIATION, INC.

Current Principal Place of Business:

1906 WEST PLATT STREET
TAMPA, FL 33606 US

New Principal Place of Business:

Current Mailing Address:

1906 WEST PLATT STREET
TAMPA, FL 33606 US

New Mailing Address:

FEI Number: 59-2882229

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RITTER, LOUIS H
210 E PALM VALLEY ROAD
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

VALDEZ, ROBERT E SR.
1101 LAKE CHARLES CIR.
LUTZ, FL 33511 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: ROBERT VALDEZ SR.

02/16/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: ROBERT E. VALDEZ, SR.
Address: 1906 W. PLATT STREET
City-St-Zip: TAMPA, FL 33606

Title: VD () Delete
Name: STEWART SMITH,
Address: 5110 UNIVERSITY BLVD., W., BUILDING C
City-St-Zip: JACKSONVILLE, FL

Title: VD () Delete
Name: HOWARD P. TROUTMAN,
Address: 2659 PARK STREET
City-St-Zip: JACKSONVILLE, FL

Title: VD () Delete
Name: GARY WAGNER,
Address: 5373 LENOX AVE
City-St-Zip: JACKSONVILLE, FL

Title: TD () Delete
Name: WEINTRAUB, BYRON
Address: 2208 GULFGATE DR
City-St-Zip: SARASOTA, FL 34231

Title: S (X) Delete
Name: PETRUSA, ELIZABETH
Address: 3501 VINE ST., STE 111
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: PETRUSA, ELIZABETH
Address: 3501 VINE STR. SUITE 111
City-St-Zip: KISSISSIMEE, FL 34741

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT VALDEZ SR.

VD

02/16/2007

Electronic Signature of Signing Officer or Director

Date