

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731417

FILED  
Apr 30, 2008  
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:**

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

**OFFICERS AND DIRECTORS:**

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT E. VALDEZ SR.

VD

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date