

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000090565

Entity Name: CHARMING BEAUTY, LLC.

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

10005 WEST OKEECHOBEE RD
#102
HIALEAH GARDENS, FL 33016

Current Mailing Address:

10005 WEST OKEECHOBEE RD
#102
HIALEAH GARDENS, FL 33016

New Principal Place of Business:

10005 WEST OKEECHOBEE RD
#102
HIALEAH GARDENS, FL 33016 US

New Mailing Address:

10005 WEST OKEECHOBEE RD
#102
HIALEAH GARDENS, FL 33016 US

FEI Number: 20-3470396

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CASTANEDA, JOSE
10005 WEST OKEECHOBEE RD
#102
HIALEAH GARDENS, FL 33016 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CASTANEDA, JOSE
Address: 10005 WEST OKEECHOBEE RD #102
City-St-Zip: HIALEAH GARDENS, FL 33016

Title: MGR () Delete
Name: CASTANEDA, ADISLEIDY
Address: 10005 W OKEECHOBEE RD #102
City-St-Zip: HIALEAH GARDENS, FL 33016 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CASTANEDA, JOSE
Address: 10005 WEST OKEECHOBEE RD #102
City-St-Zip: HIALEAH GARDENS, FL 33016 US

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ADISLEIDY CASTANEDA

MGR

04/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date