

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000086183

FILED  
Apr 06, 2009  
Secretary of State

Entity Name: BEAUTY SECRET CENTER, LLC

## Current Principal Place of Business:

11123 N. DALE MABRY HWY  
TAMPA, FL 33618 US

## New Principal Place of Business:

## Current Mailing Address:

11123 N. DALE MABRY HWY  
TAMPA, FL 33618 US

## New Mailing Address:

FEI Number: 26-3328949

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BASKRUN, MAGDI  
12634 NICOLE LANE  
TAMPA, FL 33625 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: MGRM ( ) Delete  
Name: BASKRUN, MAGDI  
Address: 12634 NICOLE LANE  
City-St-Zip: TAMPA, FL 33625 US

Title: MGRM ( ) Delete  
Name: SHENOUDA, MARGREET  
Address: 12634 NICOLE LANE  
City-St-Zip: TAMPA, FL 33625 US

Title: MGR ( ) Delete  
Name: ABDELMALAK, ADEL F  
Address: 12634 NICOLE LANE  
City-St-Zip: TAMPA, FL 33625 US

Title: MGR ( ) Delete  
Name: ABDELMALAK, SOBH Y F  
Address: 12634 NICOLE LANE  
City-St-Zip: TAMPA, FL 33625 US

Title: MGR ( ) Delete  
Name: ISTEFA NOUS, EMAD I  
Address: 12634 NICOLE LANE  
City-St-Zip: TAMPA, FL 33625 US

Title: MGR ( ) Delete  
Name: ABDELMALAK, GERGIS F  
Address: 12634 NICLOE LANE  
City-St-Zip: TAMPA, FL 33625

## ADDITIONS/CHANGES:

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:

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: MAGDI BASKRUN

MGRM

04/06/2009

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