2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L20822

FILED Jan 14, 2009 Secretary of State

Entity Name: SANTINA'S HAIR & NAIL STUDIO, INC.

| Current Principal Place of Business: | | New Principal Place of Business: | | |
|--|---|---|--|---|
| | 8TH STREET RAL, FL 33904 | 4 | | |
| Current Mailing Address: | | New Mailing Address: | | |
| | RAL, FL 33904 | 4 | | |
| El Number | : 65-0225033 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and | d Address of C | Current Registered Agent: | Name and Address | of New Registered Agent: |
| RICHARD 2220 SE 2 | 28TH ST | | | |
| | RAL, FL 33904 | | surpose of changing its registers | od office or registered agent, or both |
| The above | · | | ourpose of changing its registere | ed office or registered agent, or both, |
| The above n the Stat | e named entity : e of Florida | | ourpose of changing its registere | ed office or registered agent, or both, |
| Γhe above n the Stat | e named entity see of Florida. | | | ed office or registered agent, or both, Date |
| The above n the Stat SIGNATU | e named entity : e of Florida. RE: Electror | submits this statement for the p | | |
| The above n the Stat SIGNATU | e named entity : e of Florida. RE: Electror | submits this statement for the particles of Registered Age of Trust Fund Contribution (). | ent | |
| The above n the State SIGNATU Election Ca DFFICER Title: Jame: Address: | e named entity se of Florida. RE: Electror mpaign Financing S AND DIREC | submits this statement for the partic Signature of Registered Age of Trust Fund Contribution (). TORS: Delete ARD, STREET | ent | Date |
| The above n the Stat SIGNATU | e named entity se of Florida. RE: Electror mpaign Financing S AND DIREC P () BILLIAN, RICHA 2220 SE 28TH CAPE CORAL, | submits this statement for the partic Signature of Registered Age of Trust Fund Contribution (). TORS: Delete ARD, STREET FL Delete ERINE, STREET | ADDITIONS/CHANG Title: Name: Address: | Date ES TO OFFICERS AND DIRECTOR |

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: SANDRA SAGORAC V 01/14/2009