

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M98481

FILED
Apr 15, 2009
Secretary of State

Entity Name: LUZMAR BEAUTY SALON, INC.

Current Principal Place of Business:

7414 S.W. 129 CT
MIAMI, FL 33183 US

New Principal Place of Business:

Current Mailing Address:

7414 S.W. 129 CT
MIAMI, FL 33183 US

New Mailing Address:

FEI Number: 65-0070314 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MAU, LUZ M
7414 S.W. 129 CT
MIAMI, FL 33183 US

Name and Address of New Registered Agent:

MAU, LUZ M DP
7414 S.W. 129 CT
MIAMI, FL 33183 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: LUZ M. MAU

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MAU, LUZ MUNIZ
Address: 7414 S.W. 129 CT
City-St-Zip: MIAMI, FL

Title: DS () Delete
Name: MAU, MARCOS
Address: 7414 S.W. 129 CT
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MAU, LUZ MUNIZ
Address: 7414 S.W. 129 CT
City-St-Zip: MIAMI, FL 33183

Title: DS (X) Change () Addition
Name: MAU, MARCOS
Address: 7414 S.W. 129 CT
City-St-Zip: MIAMI, FL 33183

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: MARCOS A. MAU

DS

04/15/2009

Electronic Signature of Signing Officer or Director

Date