

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008778

FILED
Aug 31, 2009
Secretary of State

Entity Name: GIVEN BEAUTY CORP

Current Principal Place of Business:

1030 NW 178 TERRACE
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

1030 NW 178 TERRACE
MIAMI, FL 33169

New Mailing Address:

FEI Number: 26-3451996 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DONES-WALLACE, SHENIQUA
1030 NW 178 TERRACE
MIAMI, FL 33169 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DONES-WALLACE, SHENIQUA
Address: 1030 NW 178 TERRACE
City-St-Zip: MIAMI, FL 33169 US

Title: VP () Delete
Name: JEAN-CLAUDE, KEYSHA
Address: 1290 NW 200 STREET
City-St-Zip: MIAMI, FL 33169 US

Title: S () Delete
Name: HARRISON, TONI
Address: 213 TERRANOVA BLVD
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: T () Delete
Name: KIRKLAND, BRENDA
Address: 3450 NW 176 STREET
City-St-Zip: MIAMI, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: HARRISON, TONI
Address: 17351 NW 7TH AVE ROAD
City-St-Zip: MIAMI GARDENS, FL 33169 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 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: SHENIQUA DONES-WALLACE

P

08/31/2009

Electronic Signature of Signing Officer or Director

Date