

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000017146

**FILED**  
**Mar 31, 2011**  
**Secretary of State**

**Entity Name:** AMARILYS' BEAUTY SALON, INC.

**Current Principal Place of Business:**

4294 PALM AVE.  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

4294 PALM AVE.  
HIALEAH, FL 33012

**New Mailing Address:**

**FEI Number:** 65-0983576

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ACOSTA, AMARILYS  
8521 N.W. 163 TERR  
MIAMI, 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

**OFFICERS AND DIRECTORS:**

**Title:** PS  
**Name:** ACOSTA, AMARILYS  
**Address:** 8521 NW 163 TERR  
**City-St-Zip:** MIAMI, FL 33016

**Title:** VP  
**Name:** VILA, MARYLYN  
**Address:** 4294 PALM AVENUE  
**City-St-Zip:** HIALEAH, FL 33012

I hereby 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 all other like empowered.

**SIGNATURE:** AMARILYS ACOSTA

PS

03/31/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date