

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000029271

Entity Name: CS WAXING, INC.

FILED
Jan 17, 2006
Secretary of State

Current Principal Place of Business:

5875 SW 72 STREET
S MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

5875 SW 72 STREET
S MIAMI, FL 33143

New Mailing Address:

FEI Number: 65-1012510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SZPERLING, ROMINA
14536 N.W. 83RD PASSAGE
MIAMI LAKES, FL 330165 US

Name and Address of New Registered Agent:

SZPERLING, ROMINA
3201 NE 183 ST
#1806
AVENTURA, FL 33160 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:

01/17/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CASTILLO, GABRIEL
Address: 14536 N.W. 83RD PASSAGE
City-St-Zip: MIAMI LAKES, FL 330165

Title: D () Delete
Name: SZPERLING, ROMINA
Address: 14536 N.W. 83RD PASSAGE
City-St-Zip: MIAMI LAKES, FL 330165

Title: D () Delete
Name: VANESA, SZPERING
Address: 16711 COLLINS AVE STE 201
City-St-Zip: MIAMI, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CASTILLO, GABRIEL
Address: 3201 NE 183 ST #1806
City-St-Zip: AVENTURA, FL 33160

Title: D (X) Change () Addition
Name: SZPERLING, ROMINA
Address: 3201 NE 183 ST #1806
City-St-Zip: AVENTURA, FL 33160

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

I hereby certify that the information supplied with this filing does not qualify for the 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: GABRIEL CASTILLO

P

01/17/2006

Electronic Signature of Signing Officer or Director

Date