

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000029271

Entity Name: CS WAXING, INC.

FILED  
Apr 16, 2009  
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:

GRUPENMAGER, NOEMI  
3363 NE 163RD STREET  
SUITE 801  
NORTH MIAMI BEACH, FL 33160 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

Title: V ( ) Delete  
Name: CASTILLO, GABRIEL  
Address: 3201 NE 183 ST #1806  
City-St-Zip: AVENTURA, FL 33160

Title: S ( ) Delete  
Name: SZPERLING, ROMINA  
Address: 3201 NE 183RD ST STE 1806  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: P ( ) Delete  
Name: GRUPENMAGER, NOEHL  
Address: 3363 NE 163RD ST STE 501  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: T ( ) Delete  
Name: SZPERLING, VANESA  
Address: 7000 ISLAND BLVD APT 807  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NOEMI GRUPENMAGER

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date