

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000057511

FILED
Jul 26, 2008
Secretary of State

Entity Name: PUIG HAIR STUDIO CORP.

Current Principal Place of Business:

1925 BRICKELL AVENUE
STE. D-302
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

1925 BRICKELL AVENUE
STE. D-302
MIAMI, FL 33129

New Mailing Address:

FEI Number: 65-1033898 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUIG, JORGE L
251 172 ST
APT 327
SUNNY ISLES BEACH, FL 331603431 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PUIG, JORGE L
Address: 251 172 ST APT 327
City-St-Zip: SUNNY ISLES BEACH, FL 331603461

Title: D () Delete
Name: PUIG, MIGUEL
Address: 251 172 ST APT 327
City-St-Zip: SUNNY ISLES BEACH, FL 331603461

Title: VP () Delete
Name: PADRON, MEDARDO
Address: 18001 N BAYROAD APT. 508
City-St-Zip: SUNNY ISLES 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:

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: MEDARDO PADRON

VP

07/26/2008

Electronic Signature of Signing Officer or Director

_____ Date