

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000104813

Entity Name: SAILY BEAUTY SALON, CORP.

FILED
Feb 15, 2009
Secretary of State

Current Principal Place of Business:

203 OAKMONT PKWY
BARTOW, FL 33830

New Principal Place of Business:

203 OAKMONT PKWY
LEHIGH ACRES, FL 33936

Current Mailing Address:

203 OAKMONT PKWY
BARTOW, FL 33830

New Mailing Address:

203 OAKMONT PKWY
LEHIGH ACRES, FL 33936

FEI Number: 65-1151175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NUNEZ, MERCEDES
1116 OPA LOCKA BLVD
NORTH MIAMI, FL 33168 US

Name and Address of New Registered Agent:

NUNEZ, MERCEDES
203 OAKMONT PKWAY
LEHIGH ACRES, FL 33936 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: MERCEDES NUNEZ

02/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: REYES, NELSON O
Address: 203 OAKMONT PKWY
City-St-Zip: NORTH MIAMI, FL 33168

Title: DVS () Delete
Name: NUNEZ, MERCEDES O
Address: 203 OAK MONT PARK WAY
City-St-Zip: LEHIGH ACRES, FL 33936

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: REYES, NELSON O
Address: 203 OAKMONT PKWY
City-St-Zip: LEHIGH ACRES, FL 33936

Title: DVS (X) Change () Addition
Name: NUNEZ, MERCEDES
Address: 203 OAK MONT PARK WAY
City-St-Zip: LEHIGH ACRES, FL 33936

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: NELSON O REYES

DPS

02/15/2009

Electronic Signature of Signing Officer or Director

Date