

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000117682

FILED  
May 12, 2009  
Secretary of State

Entity Name: LUCKY CHARM BEAUTY SALON, INC.

**Current Principal Place of Business:**

4843 N.W. 183RD STREET  
CAROL CITY, FL 33055

**New Principal Place of Business:**

**Current Mailing Address:**

4843 N.W. 183RD STREET  
CAROL CITY, FL 33055

**New Mailing Address:**

FEI Number: 65-1157145      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WILLORY, VERONICA A  
4843 N.W. 1834D STREET  
CAROL CITY, FL 33055      US

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

WILLORY, VERONICA A P  
4843 N.W. 1834D STREET  
CAROL CITY, FL 33055      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: AVRIL VERONICA WILLORY      05/12/2009  
\_\_\_\_\_  
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: PD      ( ) Delete  
Name: WILLORY, VERONICA A  
Address: 4843 N.W. 183RD STREET  
City-St-Zip: CAROL CITY, FL 33055

Title: VD      ( ) Delete  
Name: WILLORY, DANNETTE S  
Address: 4843 N.W. 183RD STREET  
City-St-Zip: CAROL CITY, FL 33055

Title: VD      ( ) Delete  
Name: WILLORY, OWEN  
Address: 4843 N.W. 183RD STREET  
City-St-Zip: CAROL CITY, FL 33055

**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: AVRIL VERONICA WILLORY      P      05/12/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date