2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## FILED Mar 17, 2008 08:00 A Secretary of State DOCUMENT # P03000006442 XIOMARA'S HOUSE OF BEAUTY INC Principal Place of Business Mailing Address #61537 1602 NW 36 ST 1602 NW 36 ST MIAMI FL 33142 MIAMI FL 33142 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/07) 1st MOORE City & State City & State 4. FEI Number Applied For 05-0550121 Not Applicable $Z_{\rm ID}$ Zφ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARNAUD, XIOMARA Street Address (P.O. Box Number is Not Acceptable) 1920 NW 29TH ST APT 2 MIAM! FL 33142 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typod or primod Laniu of ropisticnia agent are the Tarpi cabin. DATE fNOTE: Registered Agent eignoture required when remetating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Delete Change Addition NAME ARNAUD, XIQMARA NAME STREET ADDRESS 1920 NW 29TH ST APT 2 STREET ADDRESS CITY - ST- ZIP MIAMI FL 33142 CITY-ST-ZIP ☐ Datete □ Change Addition Haannnee2577 NAME 04/03/08-80056-009 150.00 STREFT ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP TITLE ☐ Derete ☐ Addition Change Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP HILE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-GT-ZIP TITLE ☐ Deiete ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11