2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2008
Secretary of State

DOCUMENT# P03000079905

Entity Name: AMBROSIA SPA DE BEAUTE SALON, INC.

Current Principal Place of Business:

10333 SEMINOLE BOULEVARD
SUITES 1 AND 2
SEMINOLE, FL 33778

New Principal Place of Business:

Current Mailing Address:

10333 SEMINOLE BOULEVARD
SUITES 1 AND 2
SEMINOLE, FL 33778

New Mailing Address:

FEI Number: 20-0099547 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMBROSIO, FRANCIS J
333 NORTH ATLANTIC AVENUE
APT. 210
COCOA BEACH, FL 32931 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:	AMBROSIO, ANNE	
Address:	333 NORTH ATLANTIC AVE., APT. 210	
City-St-Zip:	COCOA BEACH, FL 32931	
Title:	D	( ) Delete
Name:	AMBROSIO, FRANCIS J	
Address:	333 NORTH ATLANTIC AVE., APT. 210	
City-St-Zip:	COCOA BEACH, FL 32931	
Title:	D	( ) Delete
Name:	FERRO, GREGORY	
Address:	11200 86TH AVE #206	
City-St-Zip:	SEMINOLE, FL 33772	
Title:	D	( ) Delete
Name:	FARRELL, PATRICIA	
Address:	809 PONCE DE LEON	
City-St-Zip:	BELLAIRE, FL 33771	

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:	

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: PATRICIA A FARRELL MGR 04/08/2008
Electronic Signature of Signing Officer or Director — Date