

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000079905

FILED
Mar 24, 2009
Secretary of State

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 (X) 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 FARRELL

D

03/24/2009

Electronic Signature of Signing Officer or Director

Date