

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000086880

FILED
Jul 16, 2008
Secretary of State

Entity Name: BEAUTY SECRETS FULL SERVICE SALON INC

Current Principal Place of Business:

8203 NORTH PINE ISLAND ROAD
TAMARAC, FL 33321 US

New Principal Place of Business:

Current Mailing Address:

8203 NORTH PINE ISLAND ROAD
TAMARAC, FL 33321 US

New Mailing Address:

FEI Number: 42-1601451

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALDONADO, CONSUELO
8203 NORTH PINE ISLAND RD
TAMARAC, FL 33321 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

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: P () Delete
Name: MALDONADO, CONSUELO
Address: 8203 NORTH PINE ISLAND ROAD
City-St-Zip: TAMARAC, FL 33321 US

Title: V () Delete
Name: ERDMANN, ROSA
Address: 8203 NORTH PINE ISLAND ROAD
City-St-Zip: TAMARAC, FL 33321 US

Title: T () Delete
Name: CRESPO, JANET
Address: 8203 N. PINE ISLAND RD.
City-St-Zip: FORT LAUDERDALE, FL 33321

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: CONSUELO MALDONADO

P

07/16/2008

Electronic Signature of Signing Officer or Director

Date