

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000028429

FILED  
Apr 16, 2008  
Secretary of State

Entity Name: MASTERMIND OF BEAUTY SALON, INC.

**Current Principal Place of Business:**

3503 N.E. 2 AVE  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 174064  
HIALEAH, FL 33017

**New Mailing Address:**

10569 VERSAILLES BLVD  
WELLINGTON, FL 33449

FEI Number: 75-3145773

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILLIAMS, FAITH  
10569 VERSAILLES BLVD  
WELLINGTON, FL 33467 US

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

WILLIAMS, FAITH  
10569 VERSAILLES BLVD  
WELLINGTON, FL 33449 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: FAITH WILLIAMS

04/16/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WILLIAMS, FAITH  
Address: 10569 VERSAILLES BLVD  
City-St-Zip: WELLINGTON, FL 33467

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: FAITH WILLIAMS

PRES

04/16/2008

Electronic Signature of Signing Officer or Director

Date