

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000051804

FILED
Apr 16, 2008
Secretary of State

Entity Name: ENCARNA BEAUTY SALON, CORP.

Current Principal Place of Business:

1941 SW 8 ST
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

1941 SW 8 ST
MIAMI, FL 33135

New Mailing Address:

FEI Number: 56-2445973 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRESPLALCIOS, JOSE A
1941 SW 8 ST
MIAMI, FL 33135 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: P () Delete
Name: TRESPALACIOS, JOSE A
Address: 1800 SW 25 ST APT 2306
City-St-Zip: MIAMI, FL 33133

Title: V () Delete
Name: LAZO, YODANIS
Address: 1800 SW 25 ST APT 2306
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TRESPALACIOS, JOSE A
Address: 3860 SW 1 STREET
City-St-Zip: MIAMI, FL 33134

Title: V (X) Change () Addition
Name: TRESPALACIOS, YODANIS
Address: 3860 SW 1 STREET
City-St-Zip: MIAMI, FL 33134

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: JOSE A. TRESPALACIOS

P

04/16/2008

Electronic Signature of Signing Officer or Director

_____ Date