2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# P05000001059

Entity Name: LEGEND OF THE GODDESS HAIR STUDIO, INC.

Current Principal Place of Business:

621 EAST 52ND STREET
HIALEAH, FL 33013 US

New Principal Place of Business:

693 EAST 39 STREET
HIALEAH, FL 33013 US

Current Mailing Address:

621 EAST 52ND STREET
HIALEAH, FL 33013 US

New Mailing Address:

693 EAST 39 STREET
HIALEAH, FL 33013 US

FEI Number: 20-2101967 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TORRES, AIDA A
621 EAST 52ND STREET
HIALEAH, FL 33013 US

Name and Address of New Registered Agent:

TORRES, AIDA A
693 EAST 39 STREET
HIALEAH, FL 33013 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: AIDA A TORRES 02/18/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVTS ( ) Delete
Name: TORRES, AIDA A
Address: 621 EAST 52ND STREET
City-St-Zip: HIALEAH, FL 33013 US

Title: D ( ) Delete
Name: TORRES, AIDA A
Address: 621 EAST 52ND STREET
City-St-Zip: HIALEAH, FL 33013 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVTS (X) Change ( ) Addition
Name: TORRES, AIDA A
Address: 693 EAST 39 STREET
City-St-Zip: HIALEAH, FL 33013 US

Title: D (X) Change ( ) Addition
Name: TORRES, AIDA A
Address: 693 EAST 39 STREET
City-St-Zip: HIALEAH, FL 33013 US

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: AIDA A TORRES P 02/18/2009
Electronic Signature of Signing Officer or Director Date