

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000017861

Entity Name: JAQUELINE HAIRSTYLISTS, INC.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

5631 NW 188 ST
MIAMI, FL 33055

New Principal Place of Business:

Current Mailing Address:

PO BOX 174068
HIALEAH, FL 33017

New Mailing Address:

FEI Number: 20-2284944

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVERA, CASTALIA
7010 NW 177 STREET, C105
MAIMI, FL 33015 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: DPVS () Delete
Name: RIVERA, CASTALIA
Address: 5631 NW 188 ST
City-St-Zip: MIAMI, FL 33055

Title: T () Delete
Name: RIVERA, CASTALIA
Address: 5631 NW 188 ST
City-St-Zip: MIAMI, FL 33055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CASTALIA RIVERA

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04/16/2009

Electronic Signature of Signing Officer or Director

Date