

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000048267

FILED
Apr 08, 2009
Secretary of State

Entity Name: TAMARAC MIDWAY BEAUTY SALON, INC.

Current Principal Place of Business:

1 DIVISION AVE
LEVITTOWN, NY 11756

New Principal Place of Business:

6800 JERICO TURNPIKE
SUITE 120W
SYOSSET, NY 11791

Current Mailing Address:

1 DIVISION AVE
LEVITTOWN, NY 11756

New Mailing Address:

6800 JERICO TURNPIKE
SUITE 120W
SYOSSET, NY 11791

FEI Number: 20-4454783

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

MICHAEL, BURGER
988 BOULEVARD OF THE ARTS
SUITE 112
SARASOTA, FL 34236 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: MICHAEL P. BURGER

04/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: YARIS, HARVEY
Address: 1 DIVISION AVE
City-St-Zip: LEVITTOWN, NY 11756

Title: V () Delete
Name: YARIS, CRAIG E
Address: 1 DIVISION AVE
City-St-Zip: LEVITTOWN, NY 11756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CABLE, JOAN
Address: 6800 JERICO TURNPIKE, SUITE 120W
City-St-Zip: SYOSSET, NY 11791

Title: V (X) Change () Addition
Name: BURGER, MICHAEL P
Address: 988 BOULEVARD OF THE ARTS, SUITE 112
City-St-Zip: SARASOTA, FL 34236

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: JOAN M. CABLE

PRES

04/08/2009

Electronic Signature of Signing Officer or Director

Date