

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000003195

Entity Name: DISTINCT HAIR SALON INC.

FILED  
Jan 12, 2009  
Secretary of State

## Current Principal Place of Business:

4864 10TH AVE. NORTH  
GREENACRES, FL 33463

## New Principal Place of Business:

## Current Mailing Address:

4864 10TH AVE. NORTH  
GREENACRES, FL 33463

## New Mailing Address:

FEI Number: 20-4094640

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ESPAILLAT, THELMA  
5980 AZALEA CIRCLE  
WEST PALM BEACH, FL 33415 US

## Name and Address of New Registered Agent:

CONTESSA, MARY  
13749 49TH ST N  
WEST PALM BEACH, FL 33411 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: MARY L CONTESSA

01/12/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: ESPAILLAT, THELMA  
Address: 5980 AZALEA CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: VP ( ) Delete  
Name: MALAGON, BERKELEY C  
Address: 5980 AZALEA CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: SEC ( ) Delete  
Name: MALAGON, ELIANA  
Address: 5980 AZALEA CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: TREA ( ) Delete  
Name: MALAGON, STEVEN B  
Address: 5980 AZALEA CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33415

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: ESPAILLAT, THELMA  
Address: 4864 10TH AVE N  
City-St-Zip: GREENACRES, FL 33463

Title: VP (X) Change ( ) Addition  
Name: MALAGON, BERKELEY C  
Address: 4864 10TH AVE N  
City-St-Zip: GREENACRES, FL 33463

Title: SEC (X) Change ( ) Addition  
Name: MALAGON, ELIANA  
Address: 4864 10TH AVE N  
City-St-Zip: GREENACRES, FL 33463

Title: TREA (X) Change ( ) Addition  
Name: MALAGON, STEVEN B  
Address: 4864 10TH AVE N  
City-St-Zip: GREENACRES, FL 33463

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: MARY L CONTESSA

CPA

01/12/2009

Electronic Signature of Signing Officer or Director

Date