2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 22, 2008
Secretary of State

DOCUMENT# P06000028015

Entity Name: I MANI HAIR & NAILS INC

Current Principal Place of Business:

3590 NW 42ND ST.
LAUDERDALE LAKES, FL 33309

New Principal Place of Business:

3261 NW 63RD STREET
FORT LAUDERDALE, FL 33309

Current Mailing Address:

3590 NW 42ND ST
LAUDERDALE LAKES, FL 33309

New Mailing Address:

3261 NW 63RD STREET
FORT LAUDERDALE, FL 33309

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARNER, JANA C
3590 NW 42ND ST.
LAUDERDALE LAKES, FL 33309 US

Name and Address of New Registered Agent:

GARNER, JANA C
3261 NW 63RD STREET
FORT LAUDERDALE, FL 33309 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: JANA GARNER 09/22/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: BELLAMY, LYNCHELLE K
Address: 3261 NW 63RD STREET
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: ASSO ( ) Delete
Name: BUTLER GEORGE,
Address: 3261 NW 63RD STREET
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: ASSO ( ) Delete
Name: BAKER BRANTON,
Address: 3261 NW 63RD STREET
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: ASSO ( ) Delete
Name: GADSON DEMETRIC,
Address: 3261 NW 63RD STREET
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ASSO (X) Change ( ) Addition
Name: BELLAMY, LYNCHELLE K
Address: 3261 NW 63RD STREET
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PRES ( ) Change (X) Addition
Name: GARNER, JANA C
Address: 3261 NW 63RD STREET
City-St-Zip: FT LAUDERDALE, FL 33309

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: JANA GARNER PRES 09/22/2008
Electronic Signature of Signing Officer or Director Date