

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000092870

Entity Name: NILDA'S HAIR SPA, INC.

FILED  
May 01, 2008  
Secretary of State

**Current Principal Place of Business:**

3595 W 20TH AVENUE  
#105  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

3595 W 20TH AVENUE  
#105  
HIALEAH, FL 33012

**New Mailing Address:**

FEI Number: 20-5213018      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TAX DEFENSE CENTER, INC.  
2350 W 84TH STREET  
#18  
HIALEAH, FL 33016 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: TRAVIESO, NILDA  
Address: 3595 W 20TH AVE  
City-St-Zip: HIALEAH, FL 33012

Title: STD ( ) Delete  
Name: RIJO, DAMARIS  
Address: 2255-2 W. 69 STREET  
City-St-Zip: HIALEAH, FL 33016

**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: NILDA LUZ TRAVIESO

PD

05/01/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date