

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000119852

**FILED**  
**Jan 13, 2009**  
**Secretary of State**

**Entity Name:** LL PARADISE BEAUTY SALON & DAY SPA, INC.

**Current Principal Place of Business:**

195 PRITCHARD DR  
PALM COAST, FL 32164

**New Principal Place of Business:**

50 PLAZA DRIVE  
SUITE 102  
PALM COAST, FL 32137

**Current Mailing Address:**

195 PRITCHARD DR  
PALM COAST, FL 32164

**New Mailing Address:**

**FEI Number:** 14-1976734      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SAVY, BENJAMIN  
25 PINE CONE DR SUITE 2A  
PALM COAST, FL 32164      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:** PD      ( ) Delete  
**Name:** GUERRERO, LISA L  
**Address:** 195 PRITCHARD DR  
**City-St-Zip:** PALM COAST, FL 32164

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**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:** LISA L GUERRERO

PRES

01/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date