

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000130599

FILED
Mar 12, 2008
Secretary of State

Entity Name: D'MAGAZINE SALON & SPA INC.

Current Principal Place of Business:

2118 SENATE AVE
ST.CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

2118 SENATE AVE
ST.CLOUD, FL 34769

New Mailing Address:

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

Name and Address of Current Registered Agent:

RIVERA, JUAN P
2118 SENATE AVE
ST. CLOUD, FL 34769 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: P () Delete
Name: RIVERA, JUAN P
Address: 2118 SENATE AVE
City-St-Zip: ST. CLOUD, FL 34769

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP () Change (X) Addition
Name: CONDE, LUIS
Address: 2118 SENATE AVE
City-St-Zip: ST. CLOUD, FL 34769

Title: MGR () Change (X) Addition
Name: HIGINIO, GRETA
Address: PO BOX 690491
City-St-Zip: ORLANDO, FL 32869

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: JUAN RIVERA

P

03/12/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date