


# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT


<b>DOCUMENT # P06000130599</b> 1. Entity Name D'MAGAZINE SALON & SPA INC.	
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Principal Place of Business 2118 SENATE AVE ST.CLOUD, FL 34769	Mailing Address 2118 SENATE AVE ST.CLOUD, FL 34769
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
**08 APR 23 AM 11:10**



04192008    Chg-P    CR2E034 (12/06)

<b>6. Name and Address of Current Registered Agent</b>  RIVERA, JUAN P 2118 SENATE AVE ST. CLOUD, FL 34769	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City State: <b>FL</b> Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

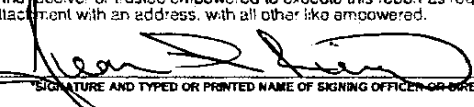
Signature, typed or printed name of registered agent and title if applicable    (NOTE: Registered Agent signature required when reinstating)

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE	P RIVERA, JUAN P 2118 SENATE AVE ST. CLOUD, FL 34769
TITLE	VP CONDE, LUIS 2118 SENATE AVE ST. CLOUD, FL 34769
TITLE	MGR HIGINIO, GRETA PO BOX 690491 ORLANDO, FL 32869
TITLE	_____ _____ _____
TITLE	_____ _____ _____
TITLE	_____ _____ _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	_____ _____ _____
TITLE	MGR Conde Luis 2118 Senate Ave St. Cloud Fl 34769
TITLE	_____ _____ _____
TITLE	VP Juan M. Santiago Poldos 2118 Senate Ave ST. CLOUD FL 34769
TITLE	_____ _____ _____
TITLE	_____ _____ _____

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	Date: <b>4-21-08</b>	Daytime Phone #
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