2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# P07000011235

Entity Name: XIOMARA HAIR STYLIST CORP

Current Principal Place of Business:

1827 S DIXIE HWY
POMPANO BEACH, FL 33060 US

New Principal Place of Business:

Current Mailing Address:

1827 S DIXIE HWY
POMPANO BEACH, FL 33060 US

New Mailing Address:

FEI Number: 20-8297631 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLORENCIO, XIOMARA
4490 NW 16 TERRACE
OAKLAND PARK, FL 33309 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: FLORENCIO, XIOMARA
Address: 4490 NW 16 TERRACE
City-St-Zip: OAKLAND PARK, FL 33309 US

Title: VP ( ) Delete
Name: FLORENCIO, FREDDY
Address: 4490 NW 16 TERRACE
City-St-Zip: OAKLAND PARK, FL 33309 US

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: XIOMARA FLORENCIO P 02/19/2009

Electronic Signature of Signing Officer or Director Date