

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000028456

FILED
Apr 29, 2008
Secretary of State

Entity Name: EXTREME BEAUTY STYLE, INC.

Current Principal Place of Business:

850 IVES DIARY ROAD
T9
MIAMI, FL 33179

New Principal Place of Business:

850 IVES DIARY ROAD
T26
MIAMI, FL 33179

Current Mailing Address:

850 IVES DIARY ROAD
T9
MIAMI, FL 33179

New Mailing Address:

850 IVES DIARY ROAD
T26
MIAMI, FL 33179

FEI Number: 20-4520827

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ PAREDES, ANA
850 IVES DIARY ROAD
T9
MIAMI, FL 33179 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: GONZALEZ PAREDES, ANA
Address: 850 IVES DIARY ROAD, T9
City-St-Zip: MIAMI, FL 33179

Title: TR () Delete
Name: GONZALEZ PAREDES, ANA
Address: 850 IVES DIARY ROAD
City-St-Zip: MIAMI, FL 33179

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: ANA L. GONZALEZ PAREDES

P

04/29/2008

Electronic Signature of Signing Officer or Director

Date