2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2008
Secretary of State

DOCUMENT# P07000073974

Entity Name: BEAUTY AND HEALTH INSTITUTE OF TAMPA, INC.

Current Principal Place of Business:

11309 COUNTRYWAY BLVD.
TAMPA, FL 33626 US

New Principal Place of Business:

11309 COUNTRYWAY BLVD SUITE B
TAMPA, FL 33626 US

Current Mailing Address:

11309 COUNTRYWAY BLVD.
TAMPA, FL 33626 US

New Mailing Address:

11309 COUNTRYWAY BLVD SUITE B
TAMPA, FL 33626 US

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

Name and Address of Current Registered Agent:

LUGO, CLARA
6702 N. GUNLOCK AVENUE
TAMPA, FL 33614 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MOROZ, RITA
Address: 8510 WOODBRIDGE BLVD.
City-St-Zip: TAMPA, FL 33615 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ARVIV, TALI
Address: 11309 COUNTRYWAY BLD
City-St-Zip: TAMPA, FL 33626 US

Title: DIR ( ) Change (X) Addition
Name: KRUSE, DON
Address: 8510 WOODBRIDGE BLVD
City-St-Zip: TAMPA, FL 33615 US

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: TALI ARVIV P 08/23/2008

Electronic Signature of Signing Officer or Director Date