# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 25, 2009**
**Secretary of State**

DOCUMENT# P07000075905

**Entity Name:** MALU COSMETIC SERVICES, INC

**Current Principal Place of Business:**

5890 W FLAGLER ST
MIAMI, FL 33144 US

**New Principal Place of Business:**

**Current Mailing Address:**

5890 W FLAGLER ST
MIAMI, FL 33144 US

**New Mailing Address:**

**FEI Number: 26-0498566** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CACERES, MARIA LOURDES
5890 W FLAGLER ST
MIAMI, FL 33144 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: DP ( ) Delete
Name: CACERES, MARIA LOURDES
Address: 7575 SW 30 ST
City-St-Zip: MIAMI, FL 33155

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: CACERES, MARIA LOURDES
Address: 5890 W FLAGLER ST
City-St-Zip: MIAMI, FL 33144

Title: PD ( ) Change (X) Addition
Name: BARRIOS, JOEL A
Address: 5890 WEST FLAGLER ST
City-St-Zip: MIAMI, FL 33144

Title: VP ( ) Change (X) Addition
Name: BARRIOS, JORGE M
Address: 5890 WEST FLAGLER ST
City-St-Zip: MIAMI, FL 33144

Title: D ( ) Change (X) Addition
Name: BARRIOS, JOSE A
Address: 5890 WEST FLAGLER ST
City-St-Zip: MIAMI, FL 33144

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: CACERES MARIA LOURDES D 04/25/2009

Electronic Signature of Signing Officer or Director Date