

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000079502

FILED  
Jan 08, 2009  
Secretary of State

Entity Name: HEALTH & BEAUTY SYSTEMS, INC.

**Current Principal Place of Business:**

5509 ALBIN DRIVE  
GREENACRES, FL 33463

**New Principal Place of Business:**

**Current Mailing Address:**

5509 ALBIN DRIVE  
GREENACRES, FL 33463

**New Mailing Address:**

FEI Number: 26-0509743      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DE MAYO, MARK  
5509 ALBIN DRIVE  
GREENACRES, FL 33463      US

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

DEMAYO, MARK  
5509 ALBIN DRIVE  
GREENACRES, FL 33463      US

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: DEMAYO, MARK      01/08/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: DE MAYO, MARK  
Address: 5509 ALBIN DRIVE  
City-St-Zip: GREENACRES, FL 33463

Title: D      ( ) Delete  
Name: DIAZ, ALEXIS  
Address: 5509 ALBIN DRIVE  
City-St-Zip: GREENACRES, FL 33463

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

Title: D      (X) Change ( ) Addition  
Name: DEMAYO, MARK  
Address: 5509 ALBIN DRIVE  
City-St-Zip: GREENACRES, FL 33463

Title: D      (X) Change ( ) Addition  
Name: DEMAYO, ALEXIS  
Address: 5509 ALBIN DRIVE  
City-St-Zip: GREENACRES, FL 33463

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: DEMAYO, ALEXIS      D      01/08/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date