## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000085866

**Entity Name:** XXCLUSIVE SPA & HAIR INC

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3601 W COMMERCIAL BLVD

SUITE 9 FT LAUDERDALE, FL 33309 US

Current Mailing Address: New Mailing Address:

1801 SW 2 STREET 3201 NW 43RD AVE

APT 3 LAUDERDALE LAKES, FL 33319 US FT LAUDERDALE, FL 33312 US

FEI Number: 26-0608305 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

HYACINTHE, MARIE ANNE

1801 SW 2 STREET

APT 3

HYACINTHE, MARIE ANNE

3201 NW 43RD AVE

LAUDERDALE LAKES, FL 33319 US

FT LAUDERDALE, FL 33312 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: 04/30/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: HYACINTHE, MARIE ANNE Name: HYACINTHE, MARIE ANNE

Address: 1801 SW 2 STREET APT 3 Address: 3201 NW 43RD AVE
City-St-Zip: FT LAUDERDALE, FL 33312 US City-St-Zip: LAUDERDALELAKES, FL 33319 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: MARIE ANNE HYACINTHE MRS 04/30/2008

Electronic Signature of Signing Officer or Director

Date