


FILED
Feb 04, 2008 8:00 am
Secretary of State

DOCUMENT # P07000110738					
1. Entity Name SERENE BEAUTY SUITE INC.					
Principal Place of Business 5601 DIXIE HWY WEST PALM BEACH, FL 33401			Mailing Address 5601 DIXIE HWY WEST PALM BEACH, FL 33401		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent					
SKOLLER, IRWIN I 1375 GATEWAY BLVD. 27 BOYNTON BEACH, FL 33426					Name
					Street Address
					City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and all-if applicable (NOT if Registered Agent signature required)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5 Ad		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P <input type="checkbox"/> Delete WINN, KIMBERLY 8024 BIG PINE WAY RIVIERA BEACH, FL 33407				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP <input type="checkbox"/> Delete THOMAS, YANEEK 1025 22ND STREET WEST PALM BEACH, FL 33407				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
11.					
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TITLE NAME STREET ADDRESS CITY- ST- ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					