2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

| DOCUMENT # P07000110738 1. Entity Name SERENE BEAUTY SUITE INC. | | | | | | 02-04-2008 | 90052 (|)41 ***15 | 50.00 |
|---|---|---|---------------------|------------------|----------------------------|---|-----------|--------------------|-------------------------------|
| Principal Plac | e of Business | Mailing Address | Mailing Address | | | | | | |
| 5601 DIXIE HWY WEST PALM BEACH, FL 33401 | | 5601 DIXIE HWY WEST PALM BEACH, FL 33401 | | | \$ 8 1 1 1 | 1 20 18 1 14 11 20 18 20 11 20 1 | | RIII (SANG 1618) I | |
| 2. Principal P | Place of Business - No P.O. Box # | 3. Mailing Address | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | Chg-P | CR2E | 034 (12/06) |) |
| City & State | | City & State | City & State | | 4. FEI Numb | 1204903 | | | opplied For Not Applicable |
| Zip | Country | Ζip | Country | у | | of Status Desired | | \$8.75 Ad | ditional |
| | 6. Name and Address of Current Registered Agent | | | | 7. Name and | Address of New R | egistered | Agent | |
| SKOLLER, IRWIN I | | | | Name | | | | | |
| | EWAY BLVD. | | Street Address | | | er is Not Acceptable | e) | | |
| BOYNTON BEACH, FL 33426 | | | | | | | | 77.0 | |
| | | | | City | | | FL | Zip Coc | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | | | | | |
| SIGNATURE | | | | | | | | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550. | 9. Election Campa Trust Fund Con | | | 5.00 May Be ded to Fees | | | | |
| 10. | OFFICERS AND DIRECTORS 11. | | | | ADDITIONS | CHANGES TO OFF | ICERS AND | | |
| TITLE NAME | P Delete Till WINN, KIMBERLY | | | | | | | Change | Addition |
| STREET ADDRESS CITY-ST-ZIP | | | | ADDRESS T-7IP | | | | | |
| TITLE | VP Delete IIIU | | | | | | | ☐ Change | Addition |
| NAME STREET ADDRESS | THOMAS, YANEEK 1025 22ND STREET SIR | | | ADDRESS | | | | | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33407 City | | | T-ZIP | | | | | |
| TULE NAME | Delete nut. | | | | | | | Change | Addition |
| STRFET ADORESS CMY-ST-ZIP | | | ſ | ADDRESS T-ZIP | | | | | |
| TITLE | | ☐ Delate | TITLE | | | | | Change | Addition |
| NAME STREET ADDRESS | | | NAME STREET | ADURESS | | | | | |
| CITY-ST-ZIP | | | CITY S | 1-7:P | | | | | |
| TITLE NAME | | ☐ Delete | 1111 F MAME | | | | | Change | Addition |
| STREET ADDRESS | | | STREET | ADJRESS | | | | | |
| CITY-ST-ZIP | | ☐ Deleic | CHY-SI | T- ZIP | | | | ☐ Change | Addition |
| NAME | | Li Delete | NAME | | | | | [_] Criange | ☐ ¥00⊞0⊪ |
| STREET ADDRESS CITY-ST-ZIP | | | STREET CHY S | ADDRESS | | | | | |
| 12. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental upon is true and accurate and that my 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 to stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if | | | | | | | | | |
| changed, or on an attachment with an address, with all other like empowered. | | | | | | | | | |
| SIGNATURE: 1 Supplied 4 1-31-08 561-202-6719 | | | | | | | | | |