

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90149 005 ***150.00

DOCUMENT # P07000114840

1. Entity Name
BEAUTY & HEALTH CENTER, INC



Principal Place of Business
**9860 SW 161 AVENUE
MIAMI, FL 33196**

Mailing Address
**9860 SW 161 AVENUE
MIAMI, FL 33196**

2. Principal Place of Business - No P.O. Box #
9860 SW 161 Ave

3. Mailing Address
9860 SW 161 Ave

Suite/Apt. #, etc.
MIAMI

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip
33196

Country
USA

Zip
33196

Country
USA

04222008 Chg-P CR2E034 (12/06)

4. FEI Number
42-1742270

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DIAZ, NELSON I SR
9860 SW 161 AVENUE
MIAMI, FL 33196**

7. Name and Address of New Registered Agent

Name **(SAME)**
Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

04-22-08

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MENDEZ - CRESPO, YOLET J**
STREET ADDRESS **9860 SW 161 AVENUE**
CITY-ST-ZIP **MIAMI, FL 33196**

TITLE **VP** ☐ Delete
NAME **MERCEDES, DIAZ R**
STREET ADDRESS **9860 SW 161 AVENUE**
CITY-ST-ZIP **MIAMI, FL 33196**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby 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 report 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 trustee 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:

Mercedes Diaz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-22-08 (786) 355-3158

Date

Daytime Phone #