

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000128380

FILED  
Jan 21, 2009  
Secretary of State

Entity Name: BRAZILIAN HAIR MAGIC HANDS CORP

## Current Principal Place of Business:

3929 N FEDERAL HWY  
101  
POMPANO BEACH, FL 33064

## Current Mailing Address:

3929 N FEDERAL HWY  
101  
POMPANO BEACH, FL 33064

## New Principal Place of Business:

8300 NW 53TH ST  
STE 350  
MIAMI, FL 33166

## New Mailing Address:

8300 NW 53TH ST  
STE 350  
MIAMI, FL 33166

FEI Number: 26-1528643

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TAX HOUSE CORP  
1100 S. FEDERAL HWY  
DEERFIELD BEACH, FL 33441 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FERNANDEZ, SERGIO  
Address: 3929 N FEDERAL HWY STE 101  
City-St-Zip: POMPANO BEACH, FL 33064

Title: TRS ( ) Delete  
Name: BELTRAME, CLAUDIO L  
Address: 3929 N FEDERAL HWY STE 101  
City-St-Zip: POMPANO BEACH, FL 33064

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: FERNANDEZ, SERGIO  
Address: 8300 NW 53TH ST STE 350  
City-St-Zip: MIAMI, FL 33166

Title: TRS (X) Change ( ) Addition  
Name: BELTRAME, CLAUDIO L  
Address: 8300 NW 53TH ST STE 350  
City-St-Zip: MIAMI, FL 33166

Title: D ( ) Change (X) Addition  
Name: SALMI, JAROSLAW  
Address: 11337 NW 72TH TERRACE  
City-St-Zip: MIAMI, FL 33178

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: JAROSLAW SALMI

D

01/21/2009

Electronic Signature of Signing Officer or Director

Date