

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000015407

Entity Name: THE WAX EMPIRE, CORP

FILED
Apr 01, 2009
Secretary of State

Current Principal Place of Business:

1501 SW SEA WHOLLY WAY
PALM CIY, FL 34990 US

New Principal Place of Business:

479 LOST RIVER RD
STUART, FL 34997 US

Current Mailing Address:

1501 SW SEA WHOLLY WAY
PALM CIY, FL 34990 US

New Mailing Address:

479 LOST RIVER RD
STUART, FL 34997 US

FEI Number: 26-1982970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOMEZ, PATRICIA
1501 SW SEA WHOLLY WAY
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

GOMEZ, PATRICIA
479 LOST RIVER RD
STAURT, FL 34997 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: JULIAN FERRER

04/01/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOMEZ, PATRICIA
Address: 1501 SW SEA WHOLLY WAY
City-St-Zip: PALM CITY, FL 34990 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GOMEZ, PATRICIA
Address: 479 LOST RIVER RD
City-St-Zip: STUART, FL 34997 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: PATRICIA GOMEZ

P

04/01/2009

Electronic Signature of Signing Officer or Director

Date