2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2009
Secretary of State

DOCUMENT# P08000019803

Entity Name: PUNTA CANA HAIR DESIGN SALON INC

Current Principal Place of Business:

1710 N D STREET
LAKE WORTH, FL 33460 US

New Principal Place of Business:

5100 S. DIXIE HWY
STE 5
WEST PALM BEACH, FL 33405 US

Current Mailing Address:

1710 N D STREET
LAKE WORTH, FL 33460 US

New Mailing Address:

5100 S. DIXIE HWY
STE 5
WEST PALM BEACH, FL 33405 US

FEI Number: 26-2047082 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAMIREZ, WENDY Y
1710 N D STREET
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

RAMIREZ, MARLENY
5100 S. DIXIE HWY
WEST PALM BEACH, FL 33405 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: RAMIREZ, MARLENY 07/15/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RAMIREZ, WENDY Y
Address: 1710 N D STREET
City-St-Zip: LAKE WORTH, FL 33460 US

Title: VP (X) Delete
Name: RAMIREZ, MARLENY
Address: 1710 N D STREET
City-St-Zip: LAKE WORTH, FL 33460 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: RAMIREZ, MARLENY
Address: 5100 S. DIXIE HWY STE 5
City-St-Zip: WEST PALM BEACH, FL 33405 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: RAMIREZ, MARLENY P 07/15/2009
Electronic Signature of Signing Officer or Director Date