2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000020544

SANTIRZO, DAYAMI

5418 S.W. 89TH PL

MIAMI, FL 33165

Name:

Address:

City-St-Zip:

Entity Name: SOBE BEAUTY SERVICES, INC.

FILED Feb 12, 2009 Secretary of State

Littly Name: SOBE BEAUTY SERVICES, INC.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
10721 SW 66TH TER MIAMI, FL 33173 US			8305 NW 2 SUITE 113 DORAL, FL		US	
Current Mailing Address:			New Mailir	New Mailing Address:		
10721 SW MIAMI, FL		3	8305 NW 2 SUITE 113 DORAL, FL		US	
FEI Number:	26-2058474	FEI Number Applied For ()	FEI Number Not Appli	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
SANTIRZO 10721 SW MIAMI, FL	66TH TER	3				
The above in the State		submits this statement for the pu	rpose of changing it	s registere	d office or registered agent, or both,	
SIGNATUR	RE:					
	Electro	onic Signature of Registered Agen	t		Date	
Election Can	npaign Financi	ng Trust Fund Contribution ().				
OFFICERS	CTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P (SANTIRZO, R 10721 SW 66 MIAMI, FL 33	TH TER	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (MARTIGNETT 1249 WATER WESTON, FL	VIEW CT.	Title: Name: Address: City-St-Zip:		(X) Change () Addition ITI, EUGENE 7TH ST - SUITE 113 33122 US	
Title: Name: Address: City-St-Zip:	T (PRADO, LAYI 10721 SW 66 MIAMI, FL 33	TH TER	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	s () Delete	Title:		() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: RENE SANTIRZO P 02/12/2009