## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000053324

Entity Name: AUDRIS BEAUTY CORPORATION

DELTONA, FL 32725 US

City-St-Zip:

FILED Feb 19, 2009 Secretary of State

| Current Principal Place of Business:          |  |                                 | New Principal Place of Business:            |  |  |
|---|--|---------------------------------|---|--|--|
| SUITE J                                       | VIDENCE BLY  |                                 |   |  |  |
| DELTONA                                       | , FL 32725   | US                              |   |  |  |
| Current Mailing Address:                      |  |                                 | New Mailing Address                         | New Mailing Address:                         |  |
|   | ERA DRIVE<br>3, FL 32725                             | US                              |   |  |  |
| FEI Number:                                   | : 26-2716731   | FEI Number Applied For ( )      | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: |  |                                 | Name and Address of New Registered Agent:   |  |  |
| 1870 PRO<br>SUITE K<br>DELTONA                | AMA PARTNI<br>VIDENCE BLV<br>, FL 32725 L            | VD. <sup>*</sup><br>JS          |   |  |  |
|   | e named entity<br>e of Florida.                      | submits this statement for the  | purpose of changing its registere           | d office or registered agent, or both,       |  |
| SIGNATUR                                      | RE:  |                                 |   |  |  |
|   | Electro  | nic Signature of Registered Ag  | gent  | Date   |  |
| Election Car                                  | mpaign Financir                                      | ng Trust Fund Contribution ( ). |   |  |  |
| OFFICERS AND DIRECTORS:                       |  |                                 | ADDITIONS/CHANGI                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | PS (<br>LOPEZ, LUIS A<br>3147 LINDERA<br>DELTONA, FL | A DRIVE                         | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |
| Title:<br>Name:<br>Address:                   | VT (<br>LOPEZ, LIDIA<br>3147 LINDER/                 |                                 | Title:<br>Name:<br>Address:                 | ( ) Change ( ) Addition                      |  |

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: LUIS LOPEZ PS 02/19/2009