

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000061539

FILED
Jul 28, 2009
Secretary of State

Entity Name: VICTOR VICTORIA BEAUTY SALON INC

Current Principal Place of Business:

1904 E OSCEOLA PARKWAY
KISSIMMEE, FL 34743 US

New Principal Place of Business:

Current Mailing Address:

1904 E OSCEOLA PARKWAY
KISSIMMEE, FL 34743 US

New Mailing Address:

FEI Number: 26-2868832

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALL ABOUT FINANCE AND MORE LLC
1633 E VINE STREET
SUITE 216
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

FAMILIA, MERCEDES
1904 E OSCEOLA PKWY
KISSIMMEE, FL 34743 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: MERCEDES FAMILIA

07/28/2009

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: GONZALEZ, FRANK
Address: 1042 SOARING EAGLE LN
City-St-Zip: KISSIMMEE, FL 34746 US

Title: VP () Delete
Name: FAMILIA, MERCEDES
Address: 3014 MANDOLIN DR
City-St-Zip: KISSIMMEE, FL 34744 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DE LA CRUZ, PAOLA M
Address: 1904 E OSCEOLA PKWY
City-St-Zip: KISSIMMEE, FL 34743 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: PAOLA M DE LA CRUZ

P

07/28/2009

Electronic Signature of Signing Officer or Director

Date