

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000076989

Entity Name: DIVA BEAUTY 2, INC.

FILED
Jan 17, 2009
Secretary of State

Current Principal Place of Business:

10065 E ADAMO DR
SUITE 301 A
TAMPA, FL 33619 US

New Principal Place of Business:

Current Mailing Address:

10065 E ADAMO DR
SUITE 301 A
TAMPA, FL 33619 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BESHARA, NAGY A
12805 BIRMINGHAM ST
TAMPA, FL 33625 US

Name and Address of New Registered Agent:

ABDEL MONEIM, MAHMOUD SABER
14803 DUNSTAN PL
TAMPA, FL 33618 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: MAHMOUD SABER ABDEL MONEIM

01/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ABDELMOUNEIM, MOUSTAFA
Address: 14803 DUNSTAN PLACE
City-St-Zip: TAMPA, FL 33618 US

Title: S () Delete
Name: SHEHAB, MOHAMAD
Address: 5837 JUSTICA LOOP
City-St-Zip: LAND O LAKES, FL 34639 US

Title: T (X) Delete
Name: BESHARA, NAGY
Address: 12805 BIRMINGHAM ST
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: MOUSTAFA, SAMIRA P,S,D
Address: 14803 DUNSTAN PLACE
City-St-Zip: TAMPA, FL 33618 US

Title: VP,T (X) Change () Addition
Name: ABDEL MONEIM, MAHMOUD S VP,T
Address: 14803 DUNSTAN PLACE
City-St-Zip: TAMPA, FL 33618 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: SAMIRA MOUSTAFA

P

01/17/2009

Electronic Signature of Signing Officer or Director

Date