

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000080260

FILED
Jan 06, 2012
Secretary of State

Entity Name: EXOTIQUES BEAUTE' SUPPLY INC.

Current Principal Place of Business:

3001 NE 185 ST
APT 321
MIAMI, FL 33180

New Principal Place of Business:

3001 NE 185 ST
APT 321
MIAMI, FL 33180 US

Current Mailing Address:

3001 NE 185 ST
APT 321
MIAMI, FL 33180

New Mailing Address:

3001 NE 185 ST
APT 321
MIAMI, FL 33180 US

FEI Number: 45-2924562

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMMONS, PATRICE
2922 LAGNEY DR
JACKSONVILLE, FL 32208 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: VERSHIER, VICTORIA
Address: 3001 NE 185 ST APT 321
City-St-Zip: AVENTURA, FL 33180 US

Title: P
Name: VERSHIER, VICTORIA
Address: 3001 NE 185 ST
City-St-Zip: MIAMI, FL 33180 US

Title: P
Name: VERSHIER, VICTORIA
Address: 3001 NE 185TH ST APT 321
City-St-Zip: MIAMI, FL 33180 US

Title: P
Name: VERSHIER, VICTORIA
Address: 3001 NE 185TH ST APT 321
City-St-Zip: MIAMI, FL 33180 US

Title: P
Name: VERSHIER, VICTORIA
Address: 3001 NE 185TH ST APT 321
City-St-Zip: MIAMI, FL 33180 US

Title: P
Name: VERSHIER, VICTORIA
Address: 3001 NE 185TH ST APT 321
City-St-Zip: MIAMI, FL 33180 US

I hereby 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 all other like empowered.

SIGNATURE: VICTORIA VERSHIER

P

01/06/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date