## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000043307

Title:

Name:

Address: City-St-Zip: SECR

BOEHM, ROBERT C

770 S DIXIE HWY, STE 200

CORAL GABLES, FL 33146 US

() Delete

Entity Name: STEINER BEAUTY PRODUCTS, INC.

FILED Jan 21, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5350 N.W. 35TH TERRACE SUITE 100 FORT LAUDERDALE, FL 33309 **Current Mailing Address: New Mailing Address:** 770 S DIXIE HWY STE 200 CORAL GABLES, FL 33146 FEI Number: 65-0423915 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: RODRIGUEZ, GLADYS 770 S DIXIE HWY SUITE 200 CORAL GABLES, FL 33146 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition FLUXMAN, LEONARD Name: Name: 770 S DIXIE HWY STE 200 Address: Address: City-St-Zip: CORAL GABLES, FL 33146 US City-St-Zip: Title: Title: () Delete () Change () Addition Name: FUSFIELD, GLENN Name: 770 SOUTH DIXIE HWY., STE 200 Address: Address: CORAL GABLES, FL 33146 US City-St-Zip: City-St-Zip: Title: Title: PRES () Delete () Change () Addition FLUXMAN, LEONARD I Name: Name: 770 S DIXIE HWY, STE 200 Address: Address: CORAL GABLES, FL 33146 US City-St-Zip: City-St-Zip: Title: SVP ( ) Delete Title: () Change () Addition LAZARUS, STÉPHEN Name: Name: Address: 770 S DIXIE HWY, STE 200 Address: City-St-Zip: CORAL GABLES, FL 33146 US 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT BOEHM SECR 01/21/2009

() Change () Addition