

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000055168

FILED  
Apr 26, 2009  
Secretary of State

Entity Name: FLORIDA ACADEMY OF HEALTH AND BEAUTY, INC

## Current Principal Place of Business:

2300 N.W. 9TH AVE.  
WILTON MANORS, FL 33311

## New Principal Place of Business:

## Current Mailing Address:

2300 N.W. 9TH AVE.  
WILTON MANORS, FL 33311

## New Mailing Address:

FEI Number: 65-0858015      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

THOMPSON, THOMAS JR  
2300 N.W. 9TH AVE.  
WILTON MANORS, FL 33311      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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: THOMPSON, LORRAINE  
Address: 2300 N.W. 9TH AVE.  
City-St-Zip: WILTON MANORS, FL 33311

Title: VP ( ) Delete  
Name: THOMAS, MAXIEL  
Address: 777 BISCAYNE DR  
City-St-Zip: MIAMI, FL 33152

Title: T ( ) Delete  
Name: LOMON, TONJA  
Address: .2325 NW 16ST CT  
City-St-Zip: FT.LAUDERDALE, FL 33311

Title: O ( ) Delete  
Name: BARTON, EBONY  
Address: 889 SW 2ND AVE  
City-St-Zip: DEERFIELD, FL 33441

Title: O ( ) Delete  
Name: THOMPSON, THOMAS  
Address: 2300 N.W. 9TH AVE.  
City-St-Zip: WILTON MANORS, FL 33311

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LORRAINE THOMPSON

P

04/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date