

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000055168

FILED
Apr 01, 2010
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
Name: THOMPSON, LORRAINE
Address: 2300 N.W. 9TH AVE.
City-St-Zip: WILTON MANORS, FL 33311

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

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

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

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

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: LORRAINE THOMPSON

P

04/01/2010

Electronic Signature of Signing Officer or Director

Date