

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000005270

FILED
Apr 29, 2009
Secretary of State

Entity Name: ORGANZA HAIR DESIGNERS, INC.

Current Principal Place of Business:

11510 S.W. 147 AVE.
#19
MIAMI, FL 33196

New Principal Place of Business:

Current Mailing Address:

11510 S.W. 147 AVE.
#19
MIAMI, FL 33196

New Mailing Address:

FEI Number: 65-0894087

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CANCINO, LILIANA
11325 SW 158 CT
MIAMI, FL 33196 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: D () Delete
Name: CANCINO, LILIANA
Address: 15300 S W 117 STREET
City-St-Zip: MIAMI, FL 33196

Title: P () Delete
Name: CANCINO, LILIANA
Address: 15300 S W 117 STREET
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CANCINO, LILIANA
Address: 11325 S W 158 CT
City-St-Zip: MIAMI, FL 33196

Title: P (X) Change () Addition
Name: CANCINO, LILIANA
Address: 11325 S W 158 CT
City-St-Zip: MIAMI, FL 33196

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: LILIANA CANCINO

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date