2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000010522

1. Entity Name
CRISTMARY BEAUTY SALON CORP.

Principal Place of Business	Mailing Address
975 SW 8TH ST. MIAMI, FL 33130	975 SW 8TH ST. MIAMI, FL 33130

01032008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0897123	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MEDINA, CRISTINA
3111 S.W. 11 STREET
MIAMI, FL 33135

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSVP
NAME	MEDINA, CHRISTINA
STREET ADDRESS	3111 SW 11 STREET
CITY-ST-ZIP	MIAMI, FL 33135

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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02/29/08-80004-009 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Cristina Medina_ C. MEDINA   1/7/08   (305) 854-9376

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #