

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000102803

FILED
Apr 20, 2009
Secretary of State

Entity Name: BEACHCOMBER HAIR SALON AND PERMANENT MAKE-UP, INC.

Current Principal Place of Business:

1285 N. OCEAN DR.
SINGER ISLAND
SINGER ISLAND, FL 33404

New Principal Place of Business:

Current Mailing Address:

1285 N. OCEAN DR.
SINGER ISLAND
SINGER ISLAND, FL 33404

New Mailing Address:

FEI Number: 65-0989947 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEWART, JAMES M ESQ
1211 THE PLAZA
SINGER ISLAND, FL 334044740 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: SHEPHERD, LYDIA D
Address: 111 SHORE CT., APT. 313-C
City-St-Zip: N. PALM BEACH, FL 33408

Title: D () Delete
Name: ESPINOZA, STEVEN
Address: 111 SHORE CT., APT. 313-C
City-St-Zip: N. PALM BEACH, FL 33408

Title: V () Delete
Name: SHEOHERD, LYDIA
Address: 1285 N OCEAN DR
City-St-Zip: SINGER ISLAND, FL 33404

Title: D () Delete
Name: ESPINOZA, HECTOR
Address: 111 SHORE CT., APT. 313-C
City-St-Zip: N. PALM BEACH, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TERRACCIANO, LYDIA D
Address: 111 SHORE CT., APT. 313-C
City-St-Zip: N. PALM BEACH, FL 33408

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

Title: V (X) Change () Addition
Name: TERRACCIANO, LYDIA D
Address: 1285 N OCEAN DR
City-St-Zip: SINGER ISLAND, FL 33404

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: LYDIA D TERRACCIANO

PRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date