

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S09551

FILED  
Apr 25, 2011  
Secretary of State

**Entity Name:** EXCLUSIVE BEAUTY SUPPLIES, INC.

**Current Principal Place of Business:**

4750-0 SW 36TH ST  
DAVIE, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

4750-0 SW 36TH ST  
DAVIE, FL 33314

**New Mailing Address:**

**FEI Number:** 65-0225503

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SOHN, HOWARD  
2534 SW 6TH ST  
MIAMI, FL 33135 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LEONE, JOHN C  
Address: 4750 OAKES RD #O  
City-St-Zip: DAVIE, FL 33314

Title: S  
Name: WALLACE, JENNIFER  
Address: 4750 OAKES RD BLDG O  
City-St-Zip: DAVIE, FL 33314

Title: T  
Name: HAICK, DIANE  
Address: 4750 OAKES RD BLDG O  
City-St-Zip: DAVIE, FL 33314

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: JOHN C LEONE

PRES

04/25/2011

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

\_\_\_\_\_ Date