

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000079913

**FILED**  
**Feb 19, 2008**  
**Secretary of State**

**Entity Name:** FABULOUS FACES BY RENA, INC.

**Current Principal Place of Business:**

4411 BEE RIDGE ROAD  
#433  
SARASOTA, FL 34233

**Current Mailing Address:**

4411 BEE RIDGE ROAD  
#433  
SARASOTA, FL 34233

FEI Number: 65-1034852

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**New Principal Place of Business:**

6339 E GREENWAY RD  
#102-118  
SCOTTSDALE, AZ 85254

**New Mailing Address:**

6339 E GREENWAY RD  
#102-118  
SCOTTSDALE, AZ 85254

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

TOTTEN, LESLIE L EA  
2511 VASCO ST  
SUITE 115  
PUNTA GORDA, FL 33950 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: DPST ( ) Delete  
Name: KUHN, RENA  
Address: 4411 BEE RIDGE RD #433  
City-St-Zip: SARASOTA, FL 34233

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPST (X) Change ( ) Addition  
Name: KUHN, RENA  
Address: 6339 E GREENWAY RD #102-118  
City-St-Zip: SCOTTSDALE, AZ 85254

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: RENA KUHN

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02/19/2008

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

\_\_\_\_\_ Date