

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000069019

Entity Name: FORMA HAIR SOLUTIONS, INC.

FILED  
Feb 16, 2011  
Secretary of State

**Current Principal Place of Business:**

555 NE 15TH STREET, UNIT 502  
MIAMI, FL 33132

**New Principal Place of Business:**

**Current Mailing Address:**

555 NE 15TH STREET, UNIT 502  
MIAMI, FL 33132

**New Mailing Address:**

FEI Number: 65-1128945

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RUIZ, JULIO C  
555 NE 15TH STREET, UNIT 502  
MIAMI, FL 33132 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: DPTS  
Name: RUIZ, JULIO C  
Address: 555 NE 15TH STREET, UNIT 502  
City-St-Zip: MIAMI, FL 33132

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: JULIO C RUIZ

PRES

02/16/2011

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

\_\_\_\_\_ Date