

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000031482

Entity Name: V.C. HAIR STUDIO,INC.

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1056 MONTGOMERY RD  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

1056 MONTGOMERY RD  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

FEI Number: 54-2101993

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VANDERWERKEN, VALERIE A  
313 FOREST AVE  
ALTAMONTE SPRINGS, FL 32701 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: VANDERWERKEN, VALERIE A  
Address: 313 FOREST AVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: SECR  
Name: VANDERWERKEN, VALERIE A  
Address: 313 FOREST AVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: TRES  
Name: VANDERWERKEN, VALERIE A  
Address: 313 FOREST AVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: VALERIE VANDERWERKEN

P

04/19/2011

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

\_\_\_\_\_  
Date