2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000015562

MIAMI, FL 33157

City-St-Zip:

Entity Name: HAIR PROS DAY SPA, INC.

FILED Apr 28, 2009 Secretary of State

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|---|--|-----------------------------------|--|--|
| Current Principal Place of Business: | | | New Principal Place of Business: | |
| 10988 SW MIAMI, FL | | | | |
| Current Mailing Address: | | | New Mailing Address: | |
| 10988 SW MIAMI, FL | | | | |
| FEI Number | : 77-0713231 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and | Address of (| Current Registered Agent: | Name and Address of | of New Registered Agent: |
| 9660 SW MIAMI, FL The above in the State | 33196 US named entity e of Florida. | | ourpose of changing its registere | d office or registered agent, or both, |
| SIGNATUI | | nic Signature of Registered Age | ont . | Date |
| Election Car | | g Trust Fund Contribution (). | STIL. | Bute |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PD (DACOSTA, SH 9660 SW 1551 MIAMI, FL 331 | 'H AVE | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: | VD (CLARKE, MAU 11316 SW 166 | | Title: Name: Address: | () Change () Addition |

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: MAUREEN CLARKE VP 04/28/2009