

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000004308

**FILED**  
**Mar 22, 2012**  
**Secretary of State**

**Entity Name:** OXI HAIR SALON, INC

**Current Principal Place of Business:**

17086 COLLINS AVE  
SUNNY ISLES BEACH, FL 33160

**New Principal Place of Business:**

250-174 STREET  
APT. 2016  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

3255 NE 184TH ST  
12319  
AVENTURA, FL 33160

**New Mailing Address:**

250-174 STREET  
APT. 2016  
SUNNY ISLES BEACH, FL 33160

**FEI Number:** 27-4571911

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EVSTRATOVA, OXANA A  
3255 NE 184TH ST  
12319  
AVENTURA, FL 33160 US

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

EVSTRATOVA, OXANA A  
250-174 STREET  
APT 2016  
SUNNY ISLES BEACH, FL 33160 US

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: OXANA EVSTRATOVA

03/22/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: EVSTRATOVA, OXANA A  
Address: 250-174 STREET APT. 2016  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

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: OXANA EVSTRATOVA

P

03/22/2012

Electronic Signature of Signing Officer or Director

Date