

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000013947

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** ANGEL'S TOUCH HAIR SALON INC.

**Current Principal Place of Business:**

1501 EMERSON DRIVE S.E.  
PALM BAY, FL 32909

**New Principal Place of Business:**

1516 EMERSON DRIVE S.E.  
PALM BAY, FL 32909

**Current Mailing Address:**

2120 SW 67 AVE  
MIRAMAR, FL 33023

**New Mailing Address:**

**FEI Number:** 80-0684709

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEWIS, LAKITA  
680 LOFFLER CIRCLE SE  
106  
PALM BAY, FL 32909 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: LEWIS, LAKITA  
Address: 680 LOFFLER CIRCLE SE  
City-St-Zip: PALM BAY, FL 32909

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: LAKITA LEWIS

P

04/30/2012

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

\_\_\_\_\_  
Date