# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 15, 2011**
**Secretary of State**

DOCUMENT# P94000087384

**Entity Name:** FRINGE HAIR & NAIL DESIGNERS, INC.

**Current Principal Place of Business:**

1140 E ALTAMONTE DR
STE 1014
ALTAMONTE SPRINGS, FL 32701 US

**New Principal Place of Business:**

**Current Mailing Address:**

1140 E ALTAMONTE DR
STE 1014
ALTAMONTE SPRINGS, LF 32701 US

**New Mailing Address:**

**FEI Number: 59-3282285** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

BROWNE, ROSEMARIE
439 SPRINGHOLLOW BLVD.
APOPKA, FL 32712 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: BROWNE, ROSEMARIE
Address: 439 SPRING HOLLOW BLVD
City-St-Zip: APOPKA, FL 32712

Title: VP
Name: O'LEARY, PETER F
Address: SPRINGHOLLOW BLVD.
City-St-Zip: APOPKA, FL 32712

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: ROSEMARIE BROWNE P 04/15/2011

Electronic Signature of Signing Officer or Director Date