

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000089183

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** REFLECTIONS HAIR GALLERY AND SPA, INC.

**Current Principal Place of Business:**

1717 STATE ROAD 60 EAST  
VALRICO, FL 33584

**New Principal Place of Business:**

1717 STATE ROAD 60 EAST  
VALRICO, FL 33594

**Current Mailing Address:**

PO BOX 128  
VALRICO, FL 33595

**New Mailing Address:**

**FEI Number:** 27-3843109

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KLEIST, KORYN  
1717 STATE ROAD 60 EAST  
VALRICO, FL 33584 US

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

KLEIST, KORYN  
1717 STATE ROAD 60 EAST  
VALRICO, FL 33594 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:

Electronic Signature of Registered Agent

04/30/2011

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KLEIST, KORYN  
Address: 1717 STATE ROAD 60 EAST  
City-St-Zip: VALRICO, FL 33594

Title: VP  
Name: KLEIST, KEVIN  
Address: 1717 STATE ROAD 60 EAST  
City-St-Zip: VALRICO, FL 33594

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: KORYN A. KLEIST

P

04/30/2011

Electronic Signature of Signing Officer or Director

Date