

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K62442

**Entity Name:** WAVEMAKERS HAIR STUDIO, INC.

**Current Principal Place of Business:**

1123 KNOLLWOOD DR.  
SAFETY HARBOR, FL 34695

**Current Mailing Address:**

1123 KNOLLWOOD DR.  
SAFETY HARBOR, FL 34695 US

**FEI Number:** 59-2942342

**Certificate of Status Desired:** No

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

SULLIVAN, FAYE  
1123 KNOLLWOOD DR  
SAFETY HARBOR, FL 34695 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

Date

**Officer/Director Detail :**

|                 |                   |                 |                   |
|-----------------|-------------------|-----------------|-------------------|
| Title           | STD               | Title           | P                 |
| Name            | SULLIVAN, NEIL    | Name            | SULLIVAN, FAYE    |
| Address         | 1123 KNOLLWOOD DR | Address         | 1123 KNOLLWOOD DR |
| City-State-Zip: | SAFETY HARBOR FL  | City-State-Zip: | SAFETY HARBOR FL  |

*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:** FAYE SULLIVAN

**PRES.**

**01/12/2014**

Electronic Signature of Signing Officer/Director Detail

Date