

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L21743

**Entity Name:** HAIR REPLACEMENT SYSTEMS OF PALM BEACH INC.

**Current Principal Place of Business:**

8895 N. MILITARY TRAIL  
SUITE 102-B  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

8895 N. MILITARY TRAIL  
SUITE 102-B  
PALM BEACH GARDENS, FL 33410

**FEI Number:** 22-3023931

**Certificate of Status Desired:** No

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

MAZZA, PEGGY  
9389 OSPREY ISLES BLVD.  
WEST PALM BEACH, FL 33412 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 PS  
Name MAZZA, PEGGY  
Address 9389 OSPREY ISLES BLVD.  
City-State-Zip: WEST PALM BEACH FL 33412

Title T  
Name MAZZA, MARIO  
Address 9389 OSPREY ISLES BLVD.  
City-State-Zip: WEST PALM BEACH FL 33412

*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:** MARIO MAZZA

TRES.

04/09/2015

Electronic Signature of Signing Officer/Director Detail

Date