

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L96209

**Entity Name:** CARE FOR YOUR HAIR INC.

**Current Principal Place of Business:**

2912A S STATE RD 7  
MIRAMAR, FL 33023

**Current Mailing Address:**

2912A S STATE RD 7  
MIRAMAR, FL 33023

**FEI Number:** 65-0222126

**Certificate of Status Desired:** No

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

ST. LUCE, ELVERNER  
15829 ASHBY FIELD RD.  
DAVIE, FL 33331 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 PD  
Name ST. LUCE, ELVERNER  
Address 15829 ASHBY FIELD RD.  
City-State-Zip: DAVIE 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:** ELVERNER ST. LUCE

**PRESIDENT**

**04/25/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date