

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000060759

Entity Name: ABSOLUTE HAIR LOSS SOLUTIONS INC

Current Principal Place of Business:

668 N. ORLANDO AVE
206
MAITLAND, FL 32751

Current Mailing Address:

668 N. ORLANDO AVE
206
MAITLAND, FL 32751

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PRICE & ASSOCIATES CERTIFIED PUBLIC ACCOUTANTS, LLC
274 WILSHIRE BLVD
273
CASSELBERRY, FL 32707 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: TIM PRICE

02/17/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name BROWN, RONALD
Address 900 BOWERSOX DR
City-State-Zip: THE VILLIAGES FL 32159

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: RONALD BROWN

PRESIDENT

02/17/2017

Electronic Signature of Signing Officer/Director Detail

Date