

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000009732

Entity Name: A DR. SHAPIRO'S HAIR INSTITUTE, INC.

Current Principal Place of Business:

5050 WEST ATLANTIC AVE
DELRAY BEACH, FL 33484

Current Mailing Address:

5050 WEST ATLANTIC AVE
DELRAY BEACH, FL 33484

FEI Number: 65-0143694

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHAPIRO, LAWRENCE
5050 WEST ATLANTIC AVE
DELRAY BEACH, FL 33484 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 SHAPIRO, LAWRENCE J.
Address 5050 WEST ATLANTIC AVE
City-State-Zip: DELRAY BEACH FL 33484

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: LAWRENCE SHAPIRO

MGR

03/26/2014

Electronic Signature of Signing Officer/Director Detail

Date