

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 552572

FILED  
Jul 02, 2007  
Secretary of State

Entity Name: HAIR CARE SERVICE CENTER, INC.

**Current Principal Place of Business:**

1340 STIRLING RD  
DANIA, FL 33004

**New Principal Place of Business:**

**Current Mailing Address:**

1340 STIRLING RD  
DANIA, FL 33004

**New Mailing Address:**

FEI Number: 59-1779196

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BERMAN, WAYNE M.  
1800 S OCEAN DR  
FORT LAUDERDALE, FL 33316 US

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

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BERMAN, BARBARA H.  
Address: 1800 S OCEAN DR  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: TSD ( ) Delete  
Name: BERMAN, WAYNE M.  
Address: 1800 S OCEAN DR  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: VPD ( ) Delete  
Name: BERMAN, ALEX DEAN  
Address: 5106 NW 51 AVENUE  
City-St-Zip: COCONUT CREEK, FL 33073

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WAYNE M BERMAN

TRES

07/02/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date