

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 598434

Entity Name: HAIR NETWORK, INC.

FILED
Jun 11, 2009
Secretary of State

Current Principal Place of Business:

3300 N.E. 191ST STREET
1106
AVENTURA, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

17290 NE 19 AVE
N. MIAMI BEACH, FL 33162 US

New Mailing Address:

FEI Number: 59-1870568

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALMAN, MARTIN H
17290 NE 19 AVE
N MIAMI BEACH, FL 33162 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: PSD () Delete
Name: FORDIN, LUCILLE
Address: 3300 N.E. 191ST STREET #1106.
City-St-Zip: AVENTURA, FL 33180 US

Title: DV () Delete
Name: FORDIN, WILLIAM
Address: 3300 N.E. 191ST STREET #1106
City-St-Zip: AVENTURA, FL 33180 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LUCILLE M. FORDIN

PRES

06/11/2009

Electronic Signature of Signing Officer or Director

Date